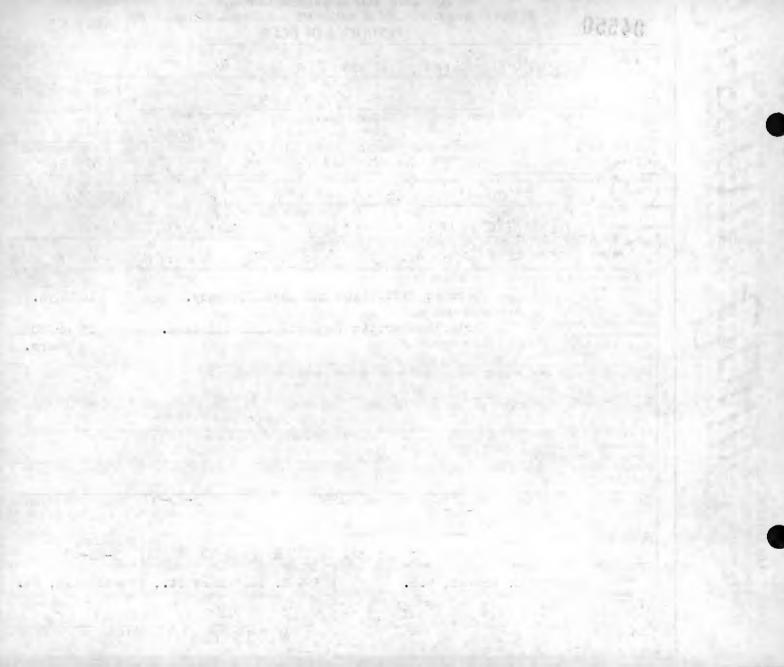
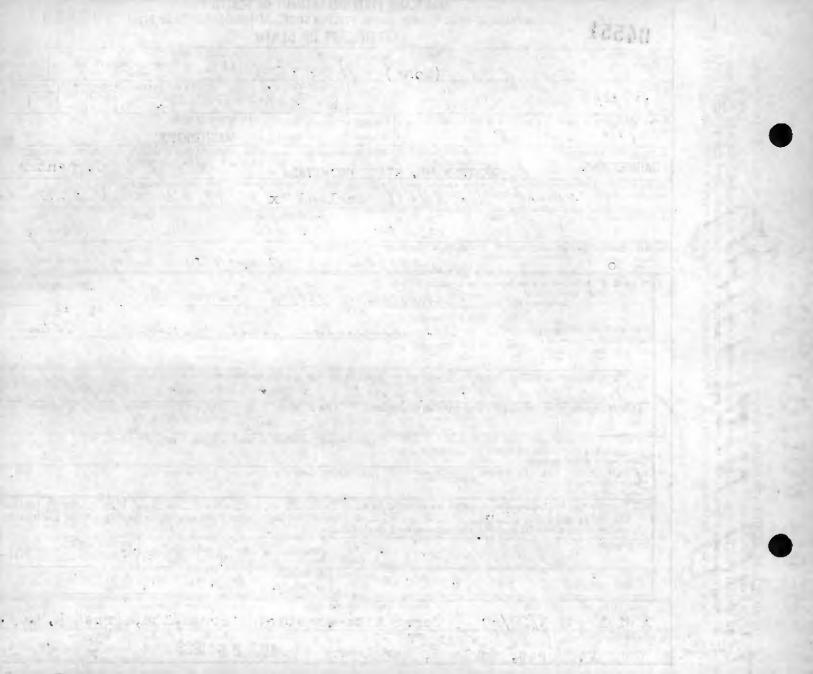
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- 1		MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01.515
ı		04550 CERTIFICATE OF DEATH	04543
1		CEASED-NAME First Middle Lost 2a. DATE OF DEATH	26. HOUR
ı	<b>(T</b>	YOU MARGARET (MORGIE) ARMSTRONG MORTHONIN 2	-DOY 19600 320 AN
	3. SE	THE THE PARTY OF T	2 101 -
	1	Female White 7/13/1885 lost birthday)	YRS. MONTHS DAYS HOURS MIN.
7	n P	11.1.000	TKS.
ł	court	TO MAKKIED NEVEK MAKKIED	tan
ł	10.0	TYPEAC GOTO, NG CLOCH, WIDOWED & DIVORCED WAS HING ITY, OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION II not in hospital 12a. USUAL OCCUPATION (Kind of work)	Md
	1	fagers form, give ingernating, Co. Hospital during fast of marking the engineering	
1	13a. admi	USUAL RESIDENCE (Where deceased lived, Lipstitutian: Residence before 13. CITY OR TOWN 1834 HISIDE CITY LIMITS? 13e. STREET AND NUMBER SSIGN) STREET AND NUMBER STREET AND NUM	
3		123	Yadson St.
3	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAJDEN NAME FIRST Johnso	Lost
	16a. Y	WAS DISCRASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address of security of district of	55 Harris H
			2 — APPROXIMATE INTERVAL
1		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
1		IMMEDIATE CAUSE (a) Cardiac dilitation and insufficiency.	10 days.
П		Onditions, if any, which gave)  One TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)	
1		rise to immediate course (a) (b) AT CETTOSCIETO CAPATION ASSOCIATE CAP	15 or 20
ı		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	years.
ł	ч	<u>last.</u> (c)	
-1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ı	NO		
ı	CAT	CALISES OF DEATHS	NGS CONSIDERED IN CERTIFYING
	CERTIFICATION	YES NO PT	
1		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature at injury in Part 1 ar Pa	rt 2, Item 1B.)
l	MEDICAL	(If either, natify medical examiner) P.M. 19	
	M	21d. INJURY OCCURRED While Not while of work Arm of the process of	County State
		220. I certify that (I) (this haspital) attended the deceased from 1945 , 19 , to 3-25-69	, 19, that (1) (we) last
		saw the deceased give on 3-24-69 19 and that in (my) (aur) appropriate death accurred on the	e date and hour and from the
1		causes stated above, (1) (we) (did not) view the body after death.	
		226 SIGNATURE ATTENDING MED. STAFF	22c. DATE SIGNED
J		PHYS. DIRECTOR PHYS.	3-25-69
١		22d. PHYSICIAN'S 22e, ADDRESS	
		NAME (Type) William C. Brewer, M.D. 359 E. Baltimore St., G	reencastle, Pa.
ĺ	23a.	BANTAN CREMATION, 236 DATE 23c. HOME OF SEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stole)
		MAN Specify 3/28/69 Cedar Hell Con Flenc	help, VE
	24.	FUNERAL DIRECTOR DE REGISTING 69 256 REGIST	RAR'S SIGNATURE
1	- (	Lo- refinish - Denenstro ( 9 DATE	The Sundan

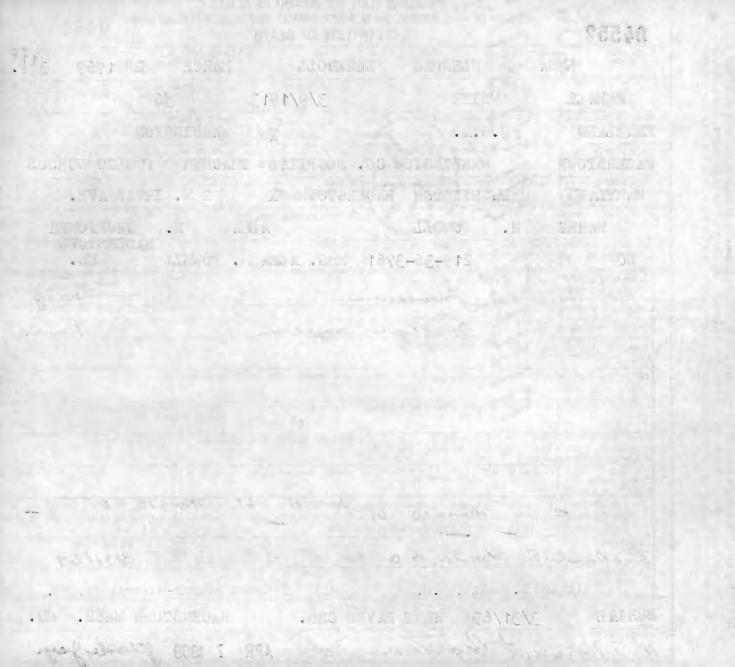


04544 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. ero (Type or print) None IF UNDER 24 MR 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED [ DIVORCED WASHINGTON IG. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if setired.) Christenter corbon HAGERSTOWN WESTERN MD. 13g. USUAL RESIDENCE (Where deseased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEV and and 136. COUNTY YES NO Oak and in ony 14 FATHER'S NAME Middle 15. MOTHERS MAIDEN NAME First physician or removol, and 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, arunknawn) (If was give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) buriol-transit pern buriol, cremotion, DUF TO, OR AS A CONSEQUENCE OF Zd. Trus Conditions, if any, which gave t rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? TO HOSPITAL OR ATTENDING PHYSICIAN: The YES NO [ O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 of Part 2, Item 18.) ĮŪ, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while of wark 22a. I certify that (1) (this haspital) attended the deceased fram Property 18 , 1909, to 271414 27, 1909 saw the deceased affive an march 22 \_\_\_1969, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DATE SIGNED oncumoula ATTENDING DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S onc/4WCU NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23g. BURIAL CREMATION Alta, Preston. W. Va. PEMOYAL (Specify) Terra Terra Alta Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1Cherles 1969 30M REV. 1/68 Maryland Oakland.

MARYLAND STATE DEPARTMENT OF HEALTH



		04552	DIVISION OF VITAL RECORDS	301 W. PREST	PARTMENT OF HEA ON STREET, BALTIMO E OF DEATH		04545
		ECEASED-NAME First Type or print) LENA	Middle		ost 2e	DATE OF DEATH MARCH Month 280	or 969 30P.
	3. \$	FEMA LE	4. RACE WHITE		3/9/1913	6. AGE (In years laster (Indoy)	IF UNDER LYEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
	7o.	BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT COUNTRY? U • S • A •	8. MARRIED NI		OUNTY OF DEATH WASHINGTON	Mo
7		CITY OR TOWN OF DEATH HAGERSTOWN		CO. HO	ospitol 120. USUAL OC SPITAdiring mark	CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
1000	13a. odn	USUAL RESIDENCE (Where deceo	ised lived, if institution: Residence before	HAGERST	OMN AEZ W NO [	13e. STREET AND NUMBER 2 W. IRVII	N AVE.
	14.	FATHER'S NAME First HARRY	R. POWELL	IS. MOT	HER'S MAIDEN NAME First A LMA		RUMPOWER
	160	. WAS DECEASED EVER IN U.S. AR Yes, now Onknown) (If yes give	MED FORCES? war or dotes of service) 16b. SOCIAL SECURITY 219-36-3		S. ALMA E.		MD.
	N	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b) Meeting	de m		TION GIVEN IN PART 1(0)	9 moriths
	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PI	RFORMED 2	Oo. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEA (If either, notify medical examination)	TH HOUR A.M. Month Day Year	21c. HOW IN	JURY OCCURRED (Enter note	ure of injury in Port 1 or Port 2	Item 18.)
	ME	at work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, FA		N Street or R.F.D. No.	City or Town	County State
		22a. I certify that (1) (the saw the deceased of causes stated above	nis hospital) attended the deceas plive on	ed from 19 <b>GP</b> , and tho bady after death	t in (my) (our) opinion	, ta	9_69, that (I) (we) last ote and hour and fram the
		22b. SIGNATURE Richard 22d. PHYSICIAN'S	E. Smith, M.,	DEGREE	ATTENDING MED. PHYS. DIRECT	CTIFF	DATE SIGNED
		NAME (Type) Richar	d E. Smith, M.D.			Avenue-Hagers	· · · · · · · · · · · · · · · · · · ·
-		BUP(ALAPTIY)	3/31/69 REST	HAVEN C			WASH • MD •
-	24.	FUNERAL DIRECTOR	ent Hageston	in m	DATE APR		S SIGNATURE



7 1		04553	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET CERTIFICATE OF DE	, BALTIMORE, MARYLAND 21201	04546
death.		DECEASED-NAME First (Type or print) Harr	y Anthony B	auer, Sr.	20. DATE OF DEATH  3Month 2 3  Do	69 <sup>Yeor</sup> 2b. HOUR
h certificate be executed within 24 hours after deating physician and completely filled in by The funeral Theo please remove carbon papers. Pages 1 and emoval, and in ony event, within 72 hours after deat	3.	male	4. RACE white	S. DATE OF BIRTH 6-12-	1912 6. AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
24 hou	CO	BIRTHPLACE (Stote or foreign intry) N . Y .	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington	Md.
within ely fille bon pa	7	CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL OR INS	Hospital	20. USUAL OCCUPATION (Kind of work done buring most of working life, even if retired.)	12b. KIND OF BUSINESS OR INCUSTRY CO.
complet bye cor	odi odi	USUAL RESIDENCE (Where deceosnission) STATE Md.	ed lived, if institution: Residence before 13b, COUNTY Wash. W	13c. CITY OR TOWN 13d. II	iside city limits? 136. STREET AND NUMBER 2648 Longs	treet Dr.
be exe	14.	FATHER'S NAME First Henr	Middle Lost y Bauer	IS. MOTHER'S MAIDEN		Lost
rificote obysicial or obless	16	Yes 100 or unknown) (If yes give w	MED FORCES? or or dates of service) 16b. SOCIAL SECURITY N 991~09-6		zel Bauer Hagers	town, Md.
the oftend is the optend is the optend mation, or		Conditions, if ony, which gove is to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	io schola	heart deres	APPROXIMATE INTERVAL BETWEEN ONSET AND OBATH  MO 122 wake  /8 munt/s
<b>SING PHYSICIAN:</b> The law requires the by the hospital or attending physicion. Ifter this certificate has been signed by be detached for use os the burial-trar State Dept. of Heolth prior to buriol, cre	CERTIFICATION		DITIONS CONTRIBUTING TO DEATH BUT NO		ASE ORCONDITION GIVEN IN PART I(o)  20b. IF YES, WERE FINDINGS C  AUSES OF DEATH?	ONSIDERED IN CERTIFYING
SICIAN: 1 spital or ertificate red for us	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Day Yeor P.M. 19	21c. HOW INJURY OCCURRE	D (Enter nature of injury in Port 1 or Port 2,	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	/		Hoodlander		, 19 <u>6)</u> , ta <u>//6243</u> ), 19 ur) apinian death accurred an the da	3/24/69 md
Page direction				Hill Cemetery		(County) (Stote)
VR A 5 44 45M - 1 69		Minnich Funer		stown, Md. DA		la Judge.

50330 Jayry Althory Davie, Or. SICC-DI-d marke mana TAILBREAK SATISFIES SECURITY SECURITY The Business of Well and Chambers Fig. 1924 telled Cinet -A CONTROL OF THE CASE OF THE C the second secon THE RELATION THE PROPERTY OF THE PARTY OF TH and the complete the state of t district constant date foreignfrom, of the 2 to the

_	1			AND STATE DEPARTM				
1		04554	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON ST CERTIFICATE OF		E, MARYLAND 21201	0454	7
£ 22€	1. 0	ECEASED NAME First	M-ddle	Lost	20.	DATE OF DEATH		2b. HOUD
er death. funeral 1 ond 2 er deoth.	Ľ	Type or print) GARL	VINCENT BI	ACK		March 6 19	Yeor	2.10
fer er	3. S		4 RACE	S. DATE OF B	IRTH	6 AGE (In years		IF UNDER 24 HRS.
offee de d		Male	White	July	13 1893	from the state of a collection of the state	MONTHS DAYS	HOURS MIN
A A A		BIRTHPLACE (State or foreign	76 CIT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR		NTY OF DEATH	1 1	
4 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	COU	Maryland	USA			ashington		Md
filled filled thin 24	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF	R INSTITUTION (If not in hospital	120 USUAL OCCU	IPATION (Kind of work done	126 KIND OF B	
executed within 24 and completely filled emove carbon pape ony event, within 10	L	Williamspor	t give street oddress) Williams	sport Sanito	r i uni	vorking life, even if ret red) Laborer	126 KIND OF B. INDUSTRY	v
ecuted with completely ove carbon y event, wi	130	USUAL RESIDENCE (Where deceos	ed lived, if institution. Residence before	ore 13c CITY OR TOWN	3d INS DE CITY L MLTS?	13e. STREET AND NUMBER		<u>'</u>
ompompe eve	афп	ission) STATE Maryland	13b COUNTY Washington	Hagerstown	YES NO 🗌	720 West Fi	anklin	St
and c	14	FATHER 5 NAME F rst	Middle Los	IS MOTHERS MA	A DEN NAME First	Middle		Lost
a Period		David J. B	lack	S	allie Vi	ncent		
ali (riginali de		WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIAL SECUR	ITY NO7 INFORMANT		Address		
physican phose en pho	L	es, no, or unknown) (Il yes give w	220-09			son 720 W.	Frankl	in St
ne death cer attending p permit. The		18 CAUSE OF DEATH (Enter an	ly ane couse per the for (a), (b), and	(0)	agerstow	n Md.	APPROXIMA BETWIEN ONS	TE INTERVAL ET AND DEATH
affigure of the second of the		PART I DEATH WAS CAUSED	O BY. ATE CAUSE (0)Cevel	Sual the	noon b	2120	50	7.5
erm erm	L	7: 7	DUE TO, OR AS A CONSEQUENCE	OF				73
表 等 # # # # # # # # # # # # # # # # # #		Conditions, if any, which gove	/ / / / ·	10000 000	مر در		157	143
thol in. by t ans		nse to immediate couse (a), stating the underlying couse.	DUE TO, OR AS A CONSEQUENCE				-	
guires that the physician. signed by the buriol-transit puriol, cremati		lost.	(c)					
Phy Phy Suri Suri	ı	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	DISEASE OR CONDITIO	DN G.VEN IN PART 1(0)		
ng he to t	<u>~</u>	Viabetic	Hyperal	remid				
The law rottending has been se os the lih prior to	E	190. DATE OF OPERATION 196.	CONDITION FOR WINCH OPERATION WA		PSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
Fre de signatura de la companya de l	CERTIFICATION			YES _	NO K	CAUSES OF DEATH?		
N. I or late or u		210. ACCIDENT WAS UNDERLYIN TOR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCC	CURRED (Enter noture	of injury in Port 1 or Port 2,	Item 18.)	
Pit difficult	MEDICAL	(If either, notify medical exomin		-19				
hos hos ce sche	1 2	21d INJURY OCCURRED 21e.	PLACE OF ANIURY (AT HOME FARM, STREE	, FACTORY.) 21E LOCATION STREET	et or RFD No	City or Town	County	B4o12
the Detrie	1	While Not while at work of work		, and the second				
Stort Stort		22a. I certify that (1) the	<del>is hospital) at</del> tended the dece	osed from		ta 3-6, 19	67, that (	(we) last
R: A	l	causes stated above	(i) (we) (did) (did nat) view t	_19rand that in m	y) <del>(our) o</del> pinian d	leath accurred an the d	ate and haur at	id tram the
ATT Of the state o	П	226 SIGNATURE	7 (1) (and) (and) (and man) vigor i	ne bady and death		27c	DATE SIGNED	
OR Se re		11/1///	Males H	DEGREE PHYS.	NG MED.	STAFF -	-7-6	9
AIL D	1	22d PHYSICIANS	25	22e ADD			110 1	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled or Toy be funeral director, page 3 should be detached for use as the buriol-transit permit. Then phase pemaye carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 12 treess after death		NAME (Type)	E Dynki	t le	Villian	raport	1110	
HOS ge / FUN rects	230	BURIAL, CREMATION, 23b. I	DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County)	(Stote)
5 5 5 4 4		BMOYA (Specify) 3/		H ill Cemet	ery Had	gerstown Wa	sh. Co	₩d.
VR ALDUA	24		rgerstown Malabon	ESS	25a REC'D BY REGIS		SIGNATURE	
45M - 1/361)		Andrew K. C	offman Funera	I H ome Inc	MAR 13	1969 ,	20 Justan	,



CRIFFICATE OF DEATH    Description   Descrip	1		DIVICE		ND STATE DEPARTMENT OF		04548
Sample   Nathan   Elaine   Elickenstaff   Nathan   15   1969   3:550		04555	DIAISI	ON OF WITHE RECORD			
A FACE White State of	ī.			1	Lost	20. DATE OF DEATH	2b. HOUR
Pale  White			Nathan	Blaine	Blickenstaff	March 1.5	1 1 969 3:35P M
Second Condition   Second Cond	3.	_	4 RAC			6. AGE (In years lost birthday)	
Onio Onio U.S.A. WHO WED DIVOKED DIVOKED Washingtom  NAME OF HOSP TAL OR NISTHUL ON (If not in hospital or N	7.		75 617 70			ar ar TK3	
Rural-Williamsport    30 USUAL RESIDENCE (Where deceoved lower, if restandance before long consumption)   13	C	Ohio	U.	S.A.	WIÐOWED DIVORCED	Washingtom	Md
14 FATHER'S NAME   First   Middle   Lost   Is MOTHER'S MANE   Milliamsport   RPD #2   Lost   Cline	R	ural-Willia	msport	223Bbwer Av	e. R.F.D. 2 4781	UAL OCCUPATION (Kind of work done masset working life, even if retired)	126 KIND OF BUSINESS OR FOURTERY
A FATFER'S MANNE   First	13	o USUAL RESIDENCE (Wh Imission) STATE Naryland	ere deceosed lived, i	f institution. Residence before SunTY. Shington			RFD #2
160 WAS DECASED EVER IN S ARMED FORCES?   160 SOCIAL SECURITY NO   17 INFORMANT   223 REDWOR AVE.	14	FATHERS NAME F				First M dale	Lost
Version of Death (Enter only one couse per line for (o), (b), and (c)   PART I DEATH WAS CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)   PART I DEATH WAS CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)   PART I DEATH WAS CAUSE OF DEATH WAS CAUSE OF CONDITION COUSE (d)   Bronchial Pneumonia   Z days							
The constitution of the course per line for (p), (p), ond (c)  PART I DEATH WAS (A.SED BY MAMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  Parkinsonionism  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c)  Extensive decubiti  190. DATE OF OPERATION  190. CONTRIBUTING CAUSE (b)  To CONTRIBUTING CAUSE OF DEATH?  210. ACCIDENT WAS UNDERLYING  (if either, notify medical examiner)  P.M. Month Doy Year  P.M. Month Doy Year  P.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  A HOUR A.M. Month Doy Year  A HOUR A.M. Month Doy Year  P.M. Month Doy Year  A HOUR A.M. Month Doy Year  B HOUR A.M. Month Doy Year  A HOUR A.M. Month Doy Year  B HOUR A.M. Month Doy Year  A HOUR A.M. Month Doy Year  A HOUR A.M. Month Doy Year  B HOUR A.M. MONTH DOY TO HOUR A.M	14	6a WAS DECEASED EVER I Ves, no or unknown)				223 Adwer Blickenstaff Willi	amsport, Md.
Due to, or as a consequence of   Conditions, if only, which gove   rise to immediate couse (o).		18 CAUSE OF DEATH	(Enter only one cou	se per line for (o), (b), and	(c) )		SETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (b) Parkinsonionism    Due to, Or as a consequence of (c)   Parkinsonionism   Due to, Or as a consequence of (d)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (d)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (e)   Parkinsonionism   Due to, Or as a consequence of (c)   Parkinsonionism   Due to, Or as a consequence of (c)   Parkinsonionism   Due to, Or as a consequence of (c)   Parkinsonionism   Due to, Or as a consequence of (c)   Parkinsonionism   Due to, Or as a consequence of (c)   Parkinsonionionism   Due to, Or as a consequence of (c)   Parkinsonionionical consequence of (c)   Parkinsonionionical consequence of (c)   Parkinsonionionical consequence of (c)   Parkinsonionionical consequence of (c)   Parkinsonionical consequence of (c)		PART I DEATH V	MWEDIATE CAUSE	(a) Bronchial	Pneumonia		2 days
Due to, or as a consequence of		OHNY	DUE	TO, OR AS A CONSEQUENCE (	) f		6
Stoting the underlying course   DUE TO, OR AS A CONSEQUENCE OF   (c)		rise to immediate c	ouse (o)	(0)			o years
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  Extensive decubiti  190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)  100 CONTRIBUTING CAUSES OF DEATH? 21d. INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)  101 CAUSES OF DEATH? 21d. INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)  102 PLACE OF INJURY (AT HOME, EARN, STREET FACTORY.) 21d. INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18)  103 CONTRIBUTING CAUSES OF DEATH?  104 CAUSES OF DEATH?  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)  105 PLACE OF INJURY (AT HOME, EARN, STREET FACTORY.) 21d. INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18)  105 PLACE OF INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18)  106 PLACE OF INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18)  107 OCCURRED (Injury in Port 1 or Port 2, Item 18)  108 PLACE OF INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18)  109 PLACE OF INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18)  100 City or Town (Ounty Store)  100 Occurred On Injury in Port 1 or Port 2, Item 18)  100 Occurred On Injury in Port 1 or Port 2, Item 18)  100 Occurred On Injury in Port 1 or Port 2, Item 18)  100 Occurred On Injury in Port 1 or Port 2, Item 18)  100 Occurred On Injury in Port 1 or Port 2, Item 18)  101 Occurred On Injury in Port 1 or Port 2, Item 18)  101 Occurred On Injury in Port 1 or Port 2, Item 18)  102 Occurred On Injury in Port 1 or Port 2, Item 18)  100 Occurred On Injury in Port 1 or Port 2, Item 18)  100 Occurred Occurred On Injury in Port 1 or Port 2, Item 18)  100 Occurred Occurred Occurred Occurred On Injury in Port 1 or Port 2, Item 18)  101 Occurred Occ	L	stoting the underlyi	ng couse DUE	TO, OR AS A CONSEQUENCE (	)F		
Extensive decubiti  190. DATE OF OPERATION  190. DATE			FICANT CONDITIONS C	(c)	NOT DELATED TO THE TERMINAL DIFFERS OF	CONDITION CHIEF IN DEPT 16.	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  211. INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)  212. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)  213. INJURY OCCURRED WHILE OF INJURY (AT HOME LARM STREET FACTORY.) 214. LOCATION Street or R.F.D. No City or Town County Store While of work of the deceased drom Feb 24 19.60, to Far 1.5 19.69, that (I) two) lo saw the deceased alive on Mar 14 19.69, and that in (my) (mor) opinion death occurred on the date and hour and from the causes stated above, (I) (100) (did not) view the body after death.  220. Ignatore  220. BURIAL, CREMATION, REMOVAL (Specify) Mar 1.7 69  221. REMOVAL (Specify) March 1.8, 1.969 Restthaven Cemetery Hagerstown, Maryland Wash.Co.		Extensi			NOT KELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PAKE (0)	
OR CONTRIBUTING CAJSE OF DEATH   HOUR A.M. Month Doy Yeor 19   21d. INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, EARM, STREET FACTORY, OFFICE BUILDING ETC   22d. I certify that (1) (this hospitol) ottended the deceased from Feb 24   19 00 , to Mar 15   19 69 , that (1) two loss and the deceased dive an Mar 14   19 69 , and that in (my) (tot) opinion deoth occurred on the date and hour and from the causes stated above, (1) (has) (did) (the not) view the body after death.    22b Sigmatore   22c. Date Signed   22c. Dat	TION	190. DATE OF OPERATION			PERFORMED 200 AUTOPSY?	206 IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
OR CONTRIBUTING   CAJSE OF DEATH   HOUR A.M.   Month Doy Yeor   19   21d. INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, EARM, STREET FACTORY.)   21f. LOCATION   Street or R.F.D. No   City or Town   County   Stote   22d.   Certify that (1) (this hospitol) ottended the deceased from   Feb 24   19   50   to   Mar 15   19   69   that (1)   two) lo   saw the deceased alive an   Mar 14   19   69   and that in (my) (wor) opinion deoth occurred on the date and hour and from the causes stated above, (1) (10   10   10   10   10   10   10   10	TIELCA	€				CAUSES OF DEATHS	
Occompliations Called Grant P.M. Month Doy Yeor 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, EARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote at work of work of work of work of work at work of wo					21c. HOW INJURY OCCURRED (Ent		Item 18.)
While Not while of work   Not while of work   Not while of work   Not work	DICA	OR CONTRIBUTING C	AUSE OF DEATH HOU	JR A.M. Month Doy Ye P.M.	70		
22a. I certify that (I) (this hospitol) ottended the deceased from Feb 24 , 19 60 , to Mar 13 , 19 69 , that (I) two) to saw the deceased alive an Mar 14 19 69 , and that in (my) (vor) opinion deoth occurred on the date and hour and from the causes stated above, (I) (did) (did not) view the body after death.  22b SIGMADER	SAE	While Not while at work	D 21e PLACE OF		FACTORY.) 21f. LOCATION Street or R F.D. N		,
saw the deceased alive an Mar 14 1969, and that in (my) (cor) opinion deoth occurred on the date and hour and from the causes stated above, (i) (iii) (iiii) (iiiiiiiiiiiiiiiiiiii		22a. I certify the	at (I) (this hospit	ol) ottended the deced	sed from Feb 24 , 19	66 , to Mar 15 19	69 , that (1) twe) lost
DEGREE PHYS MED. STAFF 22c. DATE SIGNED Mar 17 69  22b SIGMARE.  DEGREE PHYS MED. DIRECTOR PHYS. Mar 17 69  22c. ADDRESS ON E. Antietam St. Hagerstown, Md.  23c. BURIAL (Flyne) William T. Layman, M.D  23d. BURIAL (Flyne) William T. Layman, M.D  23d. DIRECTOR DIRECTOR MED. DIRECTOR PHYS. Mar 17 69  22c. ADDRESS ON E. Antietam St. Hagerstown, Md.  23d. DUCATION (City or Town). (County) (Stote)  RMO. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTO		saw the dec	eased alive an	Mar 14	_19 <b>69</b> _, and that in (mv) ( <del>567</del> ) or	pinion deoth occurred on the do	ote and hour and from the
DEGREE PHYSIANS NAME (Type) William T. Layman, M.D  220. ADDRESS NAME (Type) William T. Layman, M.D  220. ADDRESS 301 E. Antietam St. Hagerstown, Md.  230. BURIAL (REMATION, REMOVAL Specify) REMOVAL Specify			d doore, (iv Ave	( (uiu) ( <del>uiu iiu</del> ) yiew ii		220	DATE SIGNED
230. BURIAL (REMATION, REMOVAL (Specify)  7 March 1.8, 1.969 Restthaven Cemetery  220. ADDRESS 301 E. Antietam St. Hagerstown, Md.  230. BURIAL (REMATION, REMOVAL (Specify)	F	4/11.	1-Tom	a h	DEGREE PHYS	MED. STAFF M	
REMOVAL (Specify) 7 March 18, 1969 ResttHaven Cemetery Hagerstown, Maryland Wash.Co.		PHYNCIANS NAME (Type)	Villiam T.	Layman, M.D			stown, Md.
REMOVAL Specify Rarch 18, 1969 ResttHaven Cemetery Hagerstown, Maryland Wash.Co.	23	o. BURIAL, CREMATION,				23d LOCATION (City or Town)	(County) (State)
OA FUNEDAL DIDECTOR			?March 1		tHaven Cemetery	Hagerstown, Mary	
4 FUNERAL DIRECTOR  ADDRESS  A	24	FUNERAL DIRECTOR	Teaf Wa	ADDRE	SS 2So RECD	BY REGISTRAR 1969 REGISTRARS	SIGNATURE.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 n4556 04549 CERTIFICATE OF DEATH L DECEASED NAME First Middle Last 20 DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month Thomas Henry Boyd 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in veors IF UNDER 1 YEAR lost birthdoy) July 10, 1886 Male 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED TO DIVORCED [ Washington 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street oddress)
Washington Co. Hospital during most of working life, even if retired)

Boiler Inspector Hagerstown 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d JNSIDE CITY LIMITS? oom ssion) STATE Hagerstown Lost Roud. Sarah Somerville Thomas physician of the physical phys 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or,unknown) 705-10-6814 D.H. Boud 113 Larch Ave. Hagerstown, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY ZH homes. Cleute course hive hear I fai huz IMMEDIATE CAUSE (o) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate couse (a), theleams DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Pulmonny Emploremen PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 3/20/69 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Part 2, Item 18) 21b. TIME OF INSURY Month Doy Yeor HOUR A.M. (If either, notify med col exominer) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While hot while at work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from 3/11. 19 49, to 3/22, 1949, that (I) (we) last saw the deceased alive on 3/22, 1949, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22b, SIGNATURE 22c. DATE SIGNED ATTENDING PHYS Schu It Itom Ga her-tid DEGREE 3-27-69 PHYS 154 West Washington St., 22d PHYSICIAN S 22e ADDRESS John H. Hombaker, M.D. NAME (Type) 21740 Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b DATE 230 BURIAL, CREMATION, (County) REMOVALISPECTY) Rest Haven Cemetery Hagerstown-Washington-Md. 250 REC'D BY REGISTRAR DATAPR Thermaley andre Rest Haven Funeral Chapel Hagerstown, Md.



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		04557		301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		04550
and 2 death.	ì	DECEASED-NAME First (Type or print)  LECNA	Middle MAUDE	Last BROWN	March Month 3 Day	469 ear 7:433 M
# 8 E	3.	Female	4. RACE White	5 DATE OF BIRTH 2/1/90		FUNDER 1 YEAR 15 UNDER 24 HRS. DNTHS DAYS HOURS MIN
G MA	70	BIRTHPLACE (State or foreign 7		8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. COUNTY OF DEATH WASHINGTON	Md
ely filled ban pap within	1	HAGERSTOWN	II NAME OF HOSPITAL OR IN give street address) WESTERN MD	STATE HOSPITAL 12a U	SUAL OCCUPATION (Kind of wark dane mast of warking life, even if retired) housewite	126 KIND OF BUSINESS OR INDUSTRY
ove car	00	Maryland	13b. COUNTY Washington	Hagerstown YES	NO□ 409 McDowell	
e rem	14	I. FATHER'S NAME First Scott			7-	Pryor
hysiciar n pleas val, and	10		FORCES? 166 SOCIAL SECURITY	1 1 1	C, BROWN HA	SERSTESSA
ling p The remo		IB. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line for (a), (b), and (c)	)		BETWEEN ONSET AND DEATH
attenc sermit an, ar		4/21	DUE TO, OR AS A CONSEQUENCE OF	erotic heart dise	ase	unknown
		nse ta immediate cause (a), (	(b) OP AS A CONSEQUENCE OF			
ial-tro		lost.	(c)			
e bur	1	Manharan and anne				
has bee se as th th prior t	0.000	19a. DATE OF OPERATION 19b (		RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
d far u			r) HOUR A.M. Manth Day Year	9		m 18.)
this cer detache e Dept.	1	21d. INSURY OCCURRED 21e. P While Nat while	LACE OF INJURY (AT HOME, FARM STREET, FA OFFICE BUILDING, ETC.	<i>(1)</i>		County State
<b>R:</b> After July be the State		22a I certify that (I) (this sow the deceased ali couses stated above,	hespital) attended the decease ve on 1/4/c/h 3 (did) (did not) view the	ed from Fleshiay 18, 1967, and that in (thy) (cm) bady ofter death	9 <u>67</u> , to <u>Friench</u> 3, 19 <u>60</u> opinion death occurred on the date	e ond hour ond from the
DIRECTO		22b. SIGNATURE Te U	Porceun eula.	M Degree Attending D	MED STAFF DIRECTOR DEPHYS.	ATE SIGNED/ 3/69
ERAL ir, per	1	22d. PHYSICIAN'S NAME (Type) Fe U.	Porciuncula, M.D			
TO FUN Firecto Shaul	L	REMBYAL (Specify)	3/6/69 Kest	Haven Cene.		(County) (State)
VR A15 47	\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)	4. FUNERAL DIRECTOR	ent Hagerson			ver Judge
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by lirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers shauld be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within 72 hours.	To FuneRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral lirector, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon pages 2 and and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death should be the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death should be the state Dept.	(Type or print)  (Type	DECEASED-NAME (Type or print)  TECNA  ARACE  Female  A RACE  Female  To BIRTHPLACE (Stote or foreign To CUTIZEN OF WHAT COUNTRY?  Country)  Maryland  10. CITY OR TOWN OF DEATH HAGERS TOWN  HAGERS TOWN  130. USUAL RESIDENCE (Where deceased lived, if nstrution: Residence before odomssion)  STATE HAGERS TOWN  14. FATHER'S NAME First  Scott  Pryor  16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  Stoting the underlying couse  In Or. OR AS A CONSEQUENCE OF  Conditions, if ony, which gove nise to 1 mmediate cause (o), stoting the underlying couse  In Or. OR AS A CONSEQUENCE OF  In Or. OR AS A CONSEQUENCE OF  In Or. OR AS A CONSEQUENCE OF  Conditions, if ony, which gove nise to 1 mmediate cause (o), stoting the underlying couse  In Or. OR AS A CONSEQUENCE OF  In Or. OR AS A	DECEASED NAME (Type or print)  DECEASED NAME (Type or print)  JECNA  ARACE  FEMALE  ARACE  FORMIN  STATE  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  Maryland  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  Maryland  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  Maryland  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  Maryland  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  Maryland  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  Maryland  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  Maryland  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  TO BIRTHPIACE (Stote or foreign or country)  JO. CITY OR TOWN OF DEATH  HAGERS TOWN  JO. LUMBY  JO. LUMBY	DECLASIONAMNE (Pre or print)  DECLAS

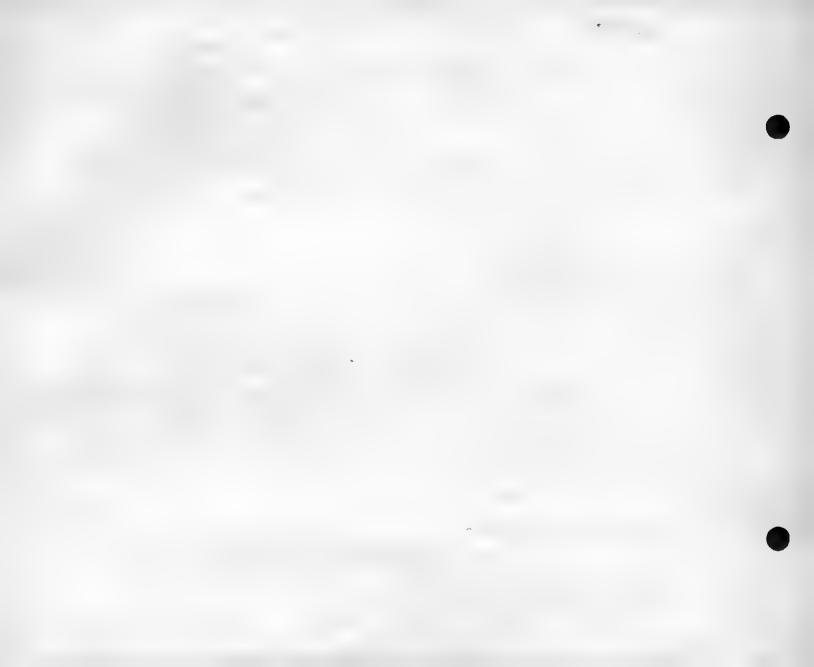






MAKTIAND STATE DEPAKIMENT OF HEALTH





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OR STATE		04562	MEI	DICAL EXA	MINER'S C	ERTIFICATE	OF DEATH			0.20	0.0
ALTH DEPT.	1 D	ECEASED NAME 'ype ar Print')	First	1	Middle	Last		20. DATE KN	IOWN Month	Day Ye	or 26. HOUR
portment of		COBE	T CHA	RLES	ADAM	CAT BAU.		OF E	ATED 3	28 1	%69 <mark>7</mark> ам
eportment	3 \$8	X 4 RACE	S DATE OF	F BIRTH	6 AGE (In years last birthday)	MONTHS DAYS	IF JNDER 24 HRS HOURS MIN.	2c DATE PRO	ONOUNCED DEAD	V- #-	2d HOJR
		LE WHITE		EMHER 2	,11 57 YR			MA. CH	Doy 2	3 Year 196	59 9 3 3 Q
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2		Imission) STATE MARYLA		WASHIN	TON HATE	ASTOWN	YES NO X	121	CLINTON	A. LITUE	
	14. E.	ATHER'S NAME First	W	ıddle	Last	15 MOTHER'S MAI	IDEN NAME First		Middle	ma.a.	Last
	14-	CTINTO			HLUAE T	12 11 12 11 12 11 11 11	LILLY		M		HOPP
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		NO.				L.D. HEL	THE PART OF	MU JII	INTE DIO		-I LIPSTED
		18 CAUSE OF DEATH (Ent PART I DEATH WAS (	ALICED RV			0 1				BETWEEN	ONSET AND DEATH
		11100		, OR AS A CONSE		Occlus	lon	<u> </u>		Hou	IS
•		Conditions, if ony, which g	ove )			erotic	coronar	w hea	rt dies	DEO V	aarc
		rise to immediate couse stating the underlying co	(4), (	, OR AS A CONSE	QUENCE OF	CIOCIO	COLOHUL	y nea	IL GISC	1056_1	CULS
		lost	— )								
		PARY 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL E	DISEASE OR CONDITIO	ON GIVEN IN PA	ART 1(a)		
	CERTIFICATION	190 DATE OF OPERATION			TION FOR WHICH OF	ERATION				20. AU	TOPSY?
	TEIC			WAS P	ERFORMED?					YES	□ NO Æ
	CAL CER	21g EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUT	NG 2 5 TIM	E OF INJURY Mant	h, Day, Year	21c HOW INJURY OF	CCURRED (Enter natu	ire of injury in	Part 1 or Port 2,	Item 18.)	
	MEDICAL	21d ALURY OCCURRED	21e. PLACE OF INJU	RY (At home, for		21f, LOCATION Street	or R.F.D. No	(ity or 1	own	County	State
		WHILE NOT WHILE AT WORK	factory, affice bu	ilding, etc.)				,			
		220   certify the	at I took charge	of the remains	s described abov	e, held on Auto	posy . In	spection 🔀	], Inquiry [	ond i	n my opinion
		death resulted fra					Hamiciae		mined manner		verilla
			111 1	1110			IEF MEDICAL EXAMIN				
		ACTUAL SIGNATURE	Hours	11/10	do		SISTANT MEDICAL EXA			E SIGNED	
		EXAMINER'S P.OF	A.D N. W	CKS, M	.D.	THE PERSON NAMED IN	PLTY MEDICAL EXAM			28/69	
		NAME (Type) 580 NO	THELN A	E. HAJ.	F STOWN,	MD. ADI	DRESS(Street, city, to	own, or county	Washi	ngton	
	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c.	NAME OF CEMETER	Y OR CREMATORY		LOCATION (G		(County)	(State)
	61	LUILLAL	3/31/69	M		CEMETERY			K, FAEDE		ARYLAND
	14	FUNERAL DIRECTOR			ADDRESS		DATEAPR		25b REGISTRAR S		
	7	MENSAN LONG		HAJER	STOWN, M	RYLAND	DAIEPT	1 1969	Aller	rla Ca	de
	-		<u> </u>				-		// //	1/	7



1		ems 18&22a Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 8-69 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	7	04563 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04556
HEALTH-DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN I - M	onth Doy Yeor 2b. HOUR
E / B C ~	(	Type or Print) Ralph Melvin Clem DEATH MATED	3 14 19672:30
delay and 3 3 43	3 5		
PM3		male white 11-23-1913 55 yrs 7	4 Year 19 69 2:30%
	70 cour	BIRTHP.ACE (State or Toreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
for for	-	J. Va. USA WIDOWED DIVORCED Washing +	D Co M
ve Pages I with for	10.	City or town of death  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired to the second during most of workin	ed.)   125. KIND OF BUS NESS OR UNDUSTRY   Building
after death 3. Give Pag alang with with the Sta	130	Hagerstown Vashington Co. Hosp. Carpenter  LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3c INSIDE CTY CHIM.TS? 13e. STREET AND NUMBER	Building
			shington St.
haurs Item 18 Office and 2	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 h		George Clem Florence	??
within 24 in pentil-in bentil-in bentil-in bentil-in pages in 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes, no or unknown) 1/1/25/25/25/25/25/25/25/25/25/25/25/25/25/	
		ves   WW II   4)2-10-3004   Robert J. Clem, Chirtes	Town, W. Va.
be executed "pending" in nief Medical E ansit permit F event within		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
xecuted nding: i Medical permit nt within		IMMEDIATE CAUSE (o) // Child // // Focal hemorrhag	es 14 hrs.
ld be executed rd "pending" ir Chief Medical I transit permit "		Oute TO, OR AS A CONSEQUENCE OF in mid train & adjacent to mammaillary bodies,	
vard " ne Chi		rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF A therosclerosis of aorta, coro	nary
~ > = :=		ost arteries, & cerebral arteries, mimimal	10-15 yrs
is certificate ships, writing the forwarded ta to be used as a bur removal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate irate, writing the be forwarded to do be used as a b ar removal, and	N.	Pulmonary emphysema	
certiff writi arwar used moval	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
- C - O - O	RTIFI		YES NO
正力 吉 .	N N	PRIMARY OR CONTRIBUTING HOUR A.M.	rt 2, Item 18.)
MINER: the certif 4 should r files. e 3 should mation,	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County Stote
EXAMINER: cute the certificate 4 should age 4 should ryour files. Page 3 should tremation, cremation,		WHILE NOT WHILE foctory, office building, etc.)	31013
bical Exam lease execute the director. Page 4 stained for your DIRECTOR: Page or to buriol, crem		22a   certify that I taak charge of the remains described above, held on Autopsy   Inspect on   Inquir	y , and in my opinia
CAL Executor Page of far CTOR: Purial,		death resulted from Natural causes X, Accident J, Suicide J, Hamicide J, Undetermined ma	
please ex I d rector. retained i		CHIEF MEDICAL EXAMINER	_
		SIGNATURE Cluster W XXXV TI M.D. ASSISTANT MEDICAL EXAMINER 22b	DATE SIGNED
Cessory, Refunctal may be refuneral prices.		EXAMINER'S  DEPUTY MEDICAL EXAMINER 217	-WASHINGTON ST.
		NAME (Type) EDWARD W. DITTO, III. M.D. ADDRESS(Street, cty, town, or county) HAGER	TOWN, MARYLAND
<b>5</b> 5 € 5 € 5	230	KEMOVALISPECITY . ID 3 TALE 2 G . ID 3 TO 1	JeffersoffeCo.
	24.		wn, W. Va.
VR A15ME (5)	4		once yudge.





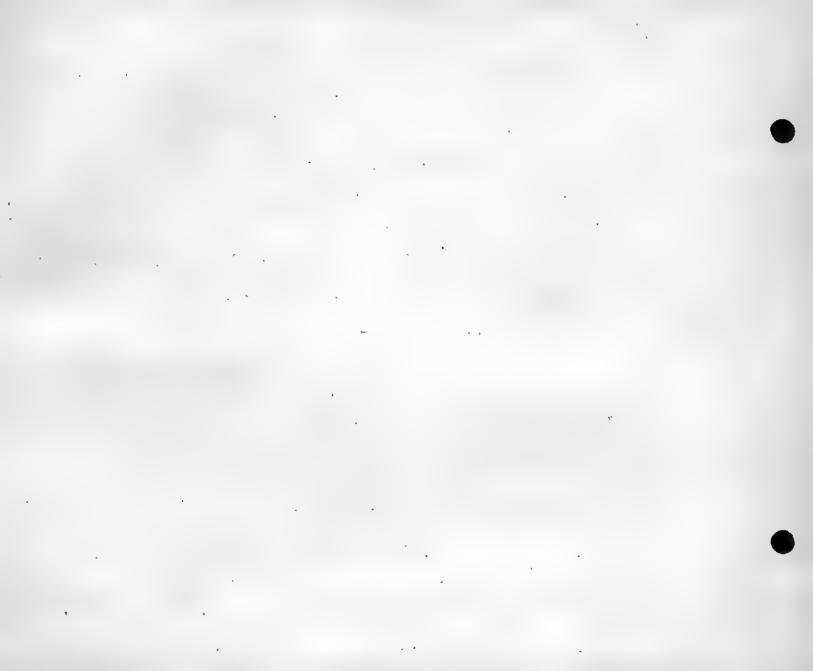
		VD STATE DEPARTMENT OF HI					
04565	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  0455						
1. DECEASED NAME FIR		In- DATE OF DEATH	04558				
(Type or print) HARR		DELAUTER	20 DATE OF DEATH  March 27	2b HOUR			
3. SEX	4 RACE	5. DATE OF BIRTH	o AGE (In years	FUNDER LYEAR DE LADER 24 HRS			
male	Caucasian	Sept.17.]	last historia l'	MONTHS DAYS HOURS MAN			
70 BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH				
country Fred . Co. Md	. U.S.A.	WIDOWED TO DIVORCED W	ashington	Md			
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTRIUTION (If not in hospital 12a USJAL	OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR			
Hagerstown	osed lived, if institut on Res dence before	Co. Hospital durings most Resiliance CITY OR TOWN 13d HISIDE CITY LIM	of warking ife, even if retired)	Ge.Farm.			
admission) STAIF Maryland	/3b (OJNIX / Frederick	Myersville					
14 FATHER'S NAME First	M.ddle Lost	15 MOTHER'S MAIDEN NAME FIRE		Last			
David		Loui	se Hoover D	elauter			
16a. WAS DECEASED EVER IN U.S. AI Yes pg. ar unknown) (If yes givi			Address				
	wor or dates of service) 215-48-9		ter, Rt.l Myer				
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAU!	anly one cause per line for (a), (b) and (c)	) thrombosis		APPROX MATE INTERVA, BETWEEN ONSET AND DEATH			
HIZ LIMMED	DIATE CAUSE (a)	0112 0110 002 0		l week			
Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF		3.4	10			
rise to immed ate cause (a) stating the underlying couse	(b) Arterlosci	erotic cardiovascula	ir disease	10 years			
est	(c)						
PART 2 OTHER SIGNIFICANT CO		OT RELATED TO THE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART I(a)				
NO							
190 DATE OF OPERATION 198	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING			
190 DATE OF OPERATION 191	INC. THE OF BUILDY	YES NO X					
	ATH HOUR A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (Enter r	nature at injury in Part 1 or Port 2, 1	lem 18.)			
G CAUSE OF DE CAUS		9 CTORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State			
While Not while at wark	OFFICE BUILDING, ETC.	) 111 100011011 311001 01 101.0. 110	City of Town	county side			
	his haspital) attended the deceas	ed from 9-19- , 19 66	5 , to 3-27 , 19	69 , that (I) (we) last			
saw the deceased	alive an 3-26 ve, (I) (we) (did) (did nat) view the	19_69, and that in (my) (aur) apini	ian death accurred an the dat	te and hour and fram the			
22b. SIGNATUREA	re, (i) (we) (dia) (dia nat) view the	body after death.	23. D	DATE SIGNED			
Charles !	- 74	DEGREE PHYS. MED		3-28-69			
22d. PHYSICIAN'S		22e. ADDRESS		63.700			
NAME (Type) Cha	arles F. Hess, M.D.	Smith	nsburg, Maryland	21/83			
		_	23d LOCATION (City or Town)	(Caunty) (State)			
24. FUNERAL DIRECTOR	ar.29,1969 Gros	ssnickle's Nr.	Iversville Fre	d.Co.Md.			
Te	450 Tr 83 + 13 a	Myoneyille Mand	REGISTRAR 1969 REGISTRAR'S	SIGNATURE OF ACTION			



_	MARYLAND STATE DEPARTMENT OF HEALTH
1	04566 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04559
funeral 1 and 2 ter death.	1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 23 Day 69 Year 5D M
ones oriel de	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years If UNDER 1YEAR I IE UNDER 24 HRS for bythday) Months Dats Hours Min
	70. BIRTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	W. Va. USA WIBOWED □ DIVORCED □ Washington    O CITY OR TOWN OF DEATH   II NAME OF HOSPITAL OR INSTITUTION (If not in hospito   120 USUAL OCCUPATION (Kind of work done   125. KIND OF BUSINESS OR   INDUSTRY
1	13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before definition) STATE Md. 13b COUNTY Wash. Hagerstown YES NOT 127 Roessner Ave.
	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Rosie Ainsworth
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yearns or unknown) (" yes give war or dates of savice) 160 SOCIAL SECURITY NO 17 INFORMANT Address  Mrs. Lillian Souders, Hagerstown, Mc
	APPROXIMATE INTERVAL  PART 1 DEATH WAS CAUSED BY-  IMMEDIATE CAUSE (a)  OUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove (b) stoting the underlying cause (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
7	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 216 TIME OF INVERY 1216 HOW INVERY OF INVERSE PROPERTY OF INVERSE PR
	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 PM. HOUR A.M. Month Doy Year 19 PM. 19 P
	While Not while of work of work
	22a. I certify that (1) (this haspital) ottended the deceased from Tarlia, 1943, to 1943, 1943, 1944, that (1) (we) last saw the deceased alive an Indian (my) (our) opinion death occurred and the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death.
	226 SIGNATURE  DEGREE ATTENDING DIRECTOR DIRECTO
	22d PHYSICIANS SIDNEY NOVERSTEN 220 ADDRESS TO WIS TOWN M.D.
	236 BURIAL (REMATON, BUPIAL (Seq!y) 3-26-69   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION (City of Town) (County) (Stote)   3-26-69   Greenlawn Cemetery   Williamsport Md.
	24 FUNERAL DIRECTOR ADDRESS 250, REC D BY REG STRAP 25
1	Minnich Funeral Home Hagerstown, Md. MAR 2 7 1969 / Charles ludge.



				ON W DESTAN STREET		
		04567	-	CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201 TH	04560
r death uneral 1 and 2 r death.		CEASED NAME First ype or print) SYLVES	Middle TER NORMAN  14 RACE	Lost  Lerow  S. DATE OF BIRTH	2a. OATE OF OEATH  Month Doy  MARCH 6. AGE (In years	Yeor 2b. HOUR 939 M. FUNDER YEAR IF UNDER 24 HRS.
s after the fages rs after		Male	White	June 2 19	last birthday) YRS.	ONTHS CAYS HOURS MIN.
be executed, within 24 haurs after death not completely filled in by the funeral e remave carban papers. Pages 1 and 1 in any event, within 72 hours after death	canu	Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED 2. WIDOWED DIVORCED	washington	Md.
within ; ely fille ban pa , within		ity or town of death Hagerstown	washington	County Hospita I'	a USUAL OCCUPATION (Kind of work done ring mast af warking life, even if retired ) Kaborer V	I26 KIND OF BUSINESS OR INDUSTRY  ictor Products
complete ove car	13o odmi	USUAL RESIDENCE (Where deceose ssion) STATE Maryland	d hved, if institution Residence before 13b COUNTY Washingto	n Sharpsburg YEE	OF CITY L M 157   13e STREET AND NUMBER   Antietam Furn	
be exemple and din any		ather's name first Norman	Middle Lost Lester Jami:		IAME First Middle Sarah	Jamison
rtficate ohysicia on pleas val, an	16a. Y	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wei	ED FORCES? 16b SOCIAL SECURITY 219-12-2:		L. Ecton Antietam Fu	rnace d. RFD #2
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campfetely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONE	y ane cause per line for (o), (b) and (c) BY.  TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT N  ONDITION FOR WHICH OPERATION WAS P	direction of the TERMINAL DISEAS Acortic ansurgem		BETWEEN ONSET AND DEATH
ICIAN: The Instance of the Instance of Health prince	MEDICAL CERTIFICATION	2/21/69 21a ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medical examine	Colomand aortic  John Time Of Indury HOUR A.M. Month Day Year P.M.	YES 21c HOW INJURY OCCURRED	CALISES OF DEATHS	
Page 4 may be retained by the haspital ar aftending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. of Health priar to burial, creating the burial of the control of the control of the burial of the control of the c	ME	While Not while	PLACE OF INJURY (AT HOME, FARM, STREET F. OFFICE BUILDING, ETC.  Thospital) attended the deceasive an (1) (we) take (did not) view the	ed fram A Reference 19 GL, and that in (my) (ou bady after death.	, 19 <u>29</u> , to <u>March</u> , 19 <u>2</u> apinian death accurred an the date	TE SIGNED
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BUR AL CREMATION. 235 D		22e ADDRESS TO CEMETERY OR CREMATORY	stown, Maryland.    23d   LOCATION (City or Town)   Sharpsburg	((county) (Stoin)
20 VR A15 (189)		FUNERAL DIRECTOR	Arch 5-69 Mt. Vi ADDRES Williamsport Md.		RECT BY REGISTRAR S ST. MAR 6 1969 FULL ST.	GNATURE



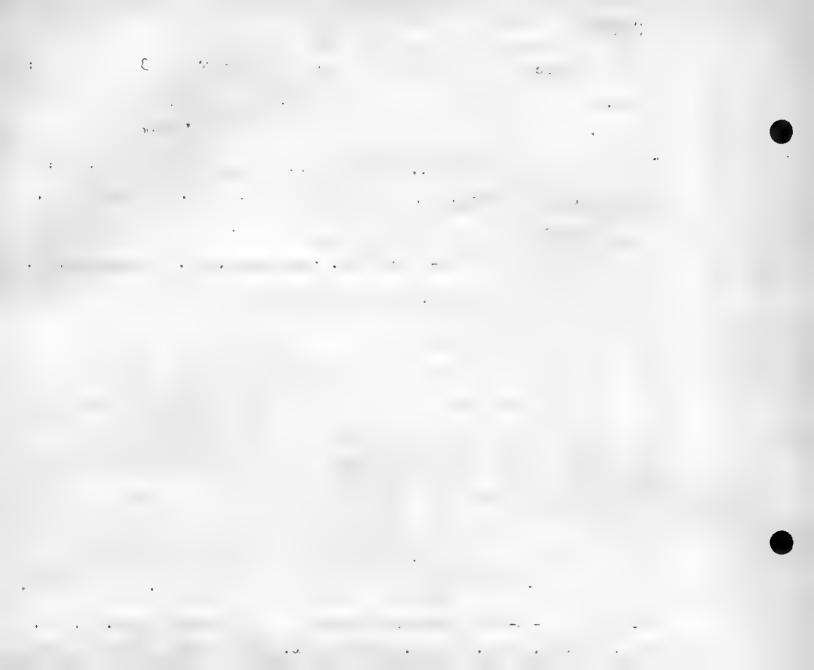
1/1	$\mathbf{q}^{\mathrm{Td}}$	emsl&16 FilmCh	MARY	LAND STATE E	DEPARTMENT OF	HEALTH	
1	14/	<sup>2/69 kk</sup> 045	68	CERTIFICA	ATE OF DEATH	F HEALTH LTIMORE, MARYLAND 2120 	04561
4 74		ECEASED-NAME First	Middle	Eshenbau		20. DATE OF DEATH	2b. HOUR.
death and 2	1	Type or print) ABB	IE LEILA	ASE/NBAU	ign Ign	March 6	1969 Year 2b. HOURM 6.30M
- (2) A	3 5		4 RACE		S DATE OF BIRTH	March 6	1969 16.30°
<b>专《发</b> 》	1	Female	White		December	[ last birthday]	MONTHS DAYS HOURS MIN
	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MAPPIED	NEVER MARRIED	9. COUNTY OF DEATH	NJ.
in 24 hours ofter death led in by the funeral papers. Pages ond hin 72 have effer death	COL	Penna	USA	WIDOWED X		Washington	u d
	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTION (If nat	t in hospital 12a U	SUAL OCCUPATION (Kind of work do	ine 12b KIND OF BUSINESS OR
plerery to		H:agerstown	give street oddress) Wash. Co	untv Hos	oital during	most of working ite, even if retire	Own Home
cuted with	13a	SUAL RESIDENCE (Where deceas	ed lived, it institution: Residence h	efore 113r CITY OR I	TOWN 13d INSIDE CIT		
eve eve	Con	ssion) STATE Maryland	Washington	Hagersto	Wn YES X	NO 106 North A	ve
any can	14	FATHER'S NAME First		ost 15.	MOTHER'S MAIDEN NAME		
se r	L		ton Shields		Margar	et McCoy	
ertificate be execute physician and complete remove hen place remove naval, and in any eve	160	. WAS DECEASED EVER IN U.S. ARN (es, no or unknown) (lf yes good w	MED FORCES?  ar or dates of service)  165 SOC AL SECTION  219-115-115-115-115-115-115-115-115-115-1	1073 17 INI	FORMANT	Addres	
phy ava		N 0	- Nø	ne Wi	lbur L.	Shields 106 N	
ing ing	1	18. CAUSE OF DEATH (Enter on	ly ane couse per time for (a), (b), or BY.	nd (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leat rend mit.		MMEDIA	TE CAUSE (0)	عرب عد بوجهو	anon & Co	many horoma	25 3 DAYS
he of att	L	4109	DUE TO, OR AS A CONSEQUENT				
of the naith main	П	Canditions, if only, which gave a rise to immediate couse (a),	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	حديده محد	G, 0 E	2273216	Yas
s the claim of the		stating the underlying couse	DUE TO, OR AS A CONSEQUENT		ر اعتصر ضرم	1 1	Yrs.
equres that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, crematian, ar remava			DITIONS CONTRIBUTING TO DEATH I	SC CON 211			110-
ATENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the hospital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completery fill should be detached far use as the burial-transit permit. Then please remays carbay point the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within the State Dept.	П	TAKE 2 OTHER STORIFICARY COM	COUNTRY COUNTRY OF TO DENIE	SOL MOS KETALER TO	THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1(0)	
law ndin bee the	TIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W	/AS PERFORMED	20o. AUTOPSY?	20h IE YES WERE EINDIN	GS CONSIDERED IN CERTIFYING
IAN: The law radion of an attending ficate has been far use as the Health prior fa	CERTIFICATIO				YES NO	CALISES DE DEATHS	(E1.
Ar are last last last last last last last last		210 ACCIDENT WAS UNDERLYIN		23c HOV		nter noture of injury in Port 1 ar Por	1.2. Item (B.)
S E E E E	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Yeor 19		. ,	,
DING PHYSICIA) by the haspital fler this certifice be detached fa State Dept. af H	ME.	21d INJURY OCCURRED   21e.	PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ET		ATION Street or R F.D.	No. City or Town	County State
the   this this defa e De	П	of work at work		7			
by by frer be by Stat	П	22a. I certify that (I) (thi	s haspital) attended the de	ceased from 30	> MANICIE, 19	62, to 6 Maney,	19 <u>69</u> , that (I) (we) last date and haur and from the
END Sed Pid The The	П	saw the deceased al	Ive an 4 10 (Mcc 4	19 <u>GS</u> ), and	that in (my) (aur) a	ipinian death accurred an the	date and haur and from the
ATTA PATT	Н	22b STGNATURE	/ tit (wo) (ala) (dia mer) view	inc bady affer ac	74111		22c DATE SIGNED
OR ATTEND be retained DIRECTOR: A e 3 should		7077		M. D. DEGREE	E PHYS	MED - STAFE -	3 Mmc 1969
N S S S S S S S S S S S S S S S S S S S		22d. PHYSICIAN'S			22e ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		NAME (Type) W.	N. FEMDER		218 N. Q	oromae ST. HA	asks rowy, Me
HO Name	23a	BURIAL, CREMATION, 230 C	, ,	IE OF CEMETERY OR CI		23d LOCAT ON (City or Town)	(Caunty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				ebanon C	emetery	Lebanon Leba	non Co Pa
VR A15 (4)	24.		,	DRESS		4.0	AR'S SIGNATURE
45M - 1/69		Andrew K. Co	offman Funera	L Home I	nc pMAR	1 3 1969 8	red years on

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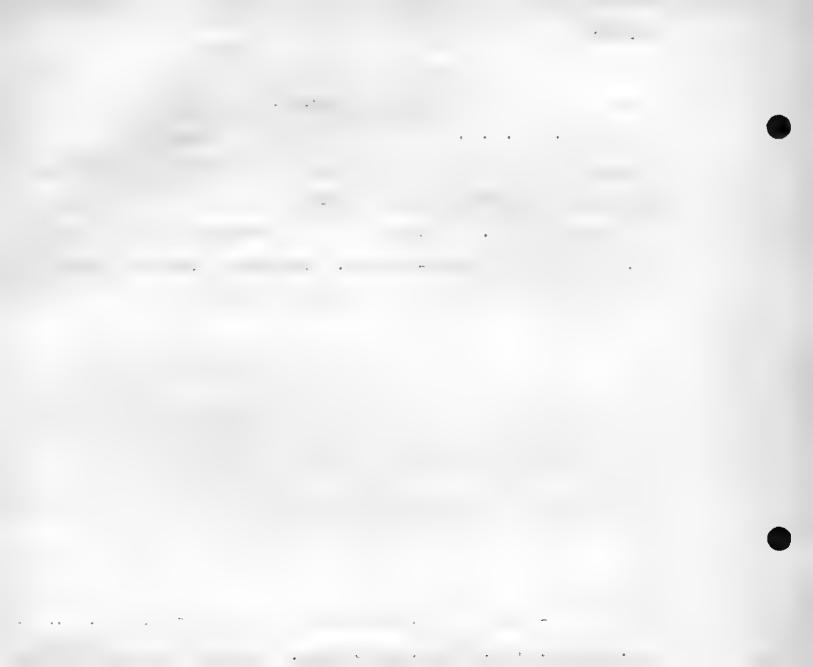
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		DIVISION OF VITAL RECORDS,	) STATE DEPAKTMENT OF T		
,	04569		ERTIFICATE OF DEATH		04562
death.	DECEASED-NAME First (Type or print) Berth	Middle Leah	lost Finneyfrock	20. DATE OF DEATH March Month 30 Doy	2b. HOUR 6:55PM
	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	Female	White	6/11/94	9. COUNTY OF DEATH	
	o. BIRTHPLACE (State or foreign aunitry)  Md.	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NEVER MARRIED NOVORCED	WASHINGTON	Md.
71	O. CITY OR TOWN OF DEATH HAGERS TOWN	11 NAME OF HOSPITAL OR INS give street oddress) WESTERN MD.	STATE HOSPITAL	AL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
7/	30 USUAL RESIDENCE (Where deceos dmission) STATE Md.	ed I ved/if institution. Residence before	Myersville YES X N	Route # 2	
. 1 	4. FATHER'S NAME First Albert	M.ddle lost <b>Fars</b> l	IS MOTHER'S MAIDEN NAME	First Middle Lucy B.	Smith
	60, WAS DECEASED EVER IN U.S. ARA	TAL COCIAL SECTION A		Address	, Md.
Should be filed with the state Dept. of require prior to boridr, defination, or letter and the state of the s	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COL	DUE TO, OR AS A CONSEQUENCE OF	OT RELATED TO THE TERMINAL DISEASE OR		
1	190. DATE OF OPERATION 19b.		YES NO	CALICOC OF DEATING	
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Year ner) P.M 11			
ָבָ בַּי	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.			Caunty State
	22a. 1 certify that (1) 6th	is hospital) attended the deceaselive on March 30	ed from JULY 10 , 19 9_62, and that in (my) <b>(567)</b> o body after death.		
	226 SIGNATURE Chong	Choon Have	DEGREE PHYS.		DATE SIGNED [arch 30, 1969
	22d PHYSICIAN'S NAME (Type) Dr.			aryland State Hos	
	pettotti (C. 3/3)	pr.2 1969 Sale	CEMETERY OR CREMATORY  m United Method  250. RECD	23d LOCATION (City or Tawn)  1 9t WOLF 9 VI	(County) (Stote) Fred.Co.Md.
A15 kal REV. 1X68	16	MIF / SHEET O, M	ýersville, MAP	3 1969 PClea	ela, Juine





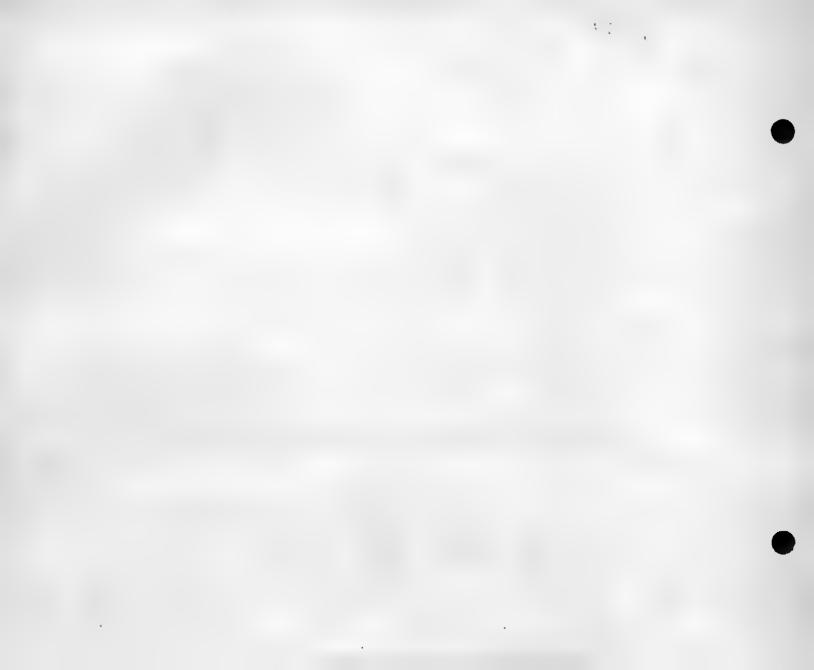
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	04571	1	DIAIZION	OF VITAL RECORD				KE, MAKYLAND 2	1201	040	0 %
Ļ				41:111	CERTIFICA						
	DECEASED-NAME (Type or print)	First Etta		Middle Adams		Last	20	March	Day سے	1 989	2b. HOUR
3	SEX	Ecca	4. RACE	MORRES		Frantz 5. DATE OF BIRT	u		5, Day	IF UNDER 1 YEAR	P:OOP A
ŭ.	Female		Whi	te			2, 1873	6 AGE (in last high	IGY)	MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (Stote	or foreign		OF WHAT COUNTRY?	8			DUNTY OF DEATH	YRS.		
	Baltimore			S. A.	WIDOWED D	NEVER MARRI	ניין וויי	Washingto	313		
	CITY OR TOWN OF			11 NAME OF HOSPITAL OR	INSTITUTION (If no	t in hospital		CUPATION (Kind of w		12b KIND OF	Md RUSINESS OR
	Boonsbo	ro		give street oddress) Fahrney-	Keedy Ho	me		f working afe, even if		Own H	OMB
130	USUAL RES DENCE	(Where deceo	sed lived, if 'r	istitution. Residence befor	e 13c CITY OR		INSIDE CITY JAM TS?	13e. STREET AND NO			
adı	Maryland		13P CON	shington	Clears	oring	ES NO 🗆				
	FATHER'S NAME	First	Mid	dle Last		MOTHER S MAID	EN NAME First		Middle		Lost
		ame		C. Ada			Henri	ette		Ed	dy
16	e WAS DECEASED EV Yes, no, or unknown	/ER IN U.S. AR/	MED FORCES? war or dates of servi	16b SOCIAL SECURIT	1	FORMANT			Address		
	No.			220-46-9		R. Lec	on_Gushw	ra, Clears	ring		
	18. CAUSE OF D	EATH (Enter on The WAS CAUSE	ly one cause	per inte for (a), (b), and		. /	. 1/	///		BETWEEN OF	NATE INTERVAL USET AND DEATH
	PAKI I. DEA	IMMEDI	ATE CALSE (a)	Hyperlin	sul!	cardi	0 1/00	resten de	T. Carto	10	24-60
	14/20	2	DUE TO,	, OR AS A CONSEQUENCE (	)F						6
П	Conditions, if an	te couse (o),	(b)						.,		
	stating the unde	eriying couse		OR AS A CONSEQUENCE (	)ŀ						
	_	IGNIFICANT COL	(c)	TRIBUTING TO DEATH BUT	NOT DELATED TO	THE TEDMINAL P	ISEASE OP COMO!	TION CIVEN IN PART 1/	2)		
		JOHN I CON	INDITIONS CON	TRIBBITMO TO DEATH BUT	HOT KENTED TO	THE TERMINAL D	NOTATE OF COMPT	TION OFTEN IN PART I	υļ		
CFRIEICATION	190. DATE OF OPER	RATION 196.	CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20a AUTOPS	Y?	20b IF YES, WERE I	INDINGS C	ONSIDERED IN CE	RTIFYING
						YES 🗀	NO 🗆	CAUSES OF DEATH?			
				ME OF INJURY	21c, HO	W INJURY OCCUR	RED (Enter note	ore of injury in Part 1	or Port 2, 1	Item 18)	
MEDICAL	OR CONTRIBUTING	medical exami	ner) HOUR	A.M. Month Day Ye P.M.	ar 19						
M	21d INJURY OCC	IIPDEN [21a	PLACE OF INJ	URY ( AT HOME, FARM, STREET,	FACTORY.) 21f LOC	ATION Street	or R.F.D. Na.	City or Town		County	State
	White Nat w	ork 🗀		,,,			1.0			10	
L	220 I certify	that (I) (th	is hospita)	ottended the secen	ised from h	01/0	_, 19 6 6	, to Ikach.	, 194	, that	(I) (we) los
L	sow the	deceased a	ilive an <i>***</i> • (I) (we) (	did) (did not) view th	_17 <u>12 / ,</u> ond e body ofter d	that in (my) eath	(o <del>ur) o</del> pinion	deoth occurred o	n the do	të ond hour o	and from the
L	22b. SIGNATURE	0,	1	0 1	o body ontol a				22c I	DATE SIGNED	
L		1.0	V. d	dan	M. DEGRE	ATTENDING E PHYS	MED	OR STAFF	191	sich 1	1,1969
П	22d. PHYS CIAN'S NAME (Type		111	01/-0-	MI	22e. ADDRE	SS 12 4-7-	land	2	20/	1
L		() .	W.L	TUUN	11.5		1200	usic w,		UST >	
23	BURIAL, CREMAT (		DATE <b>8- 6</b>	1	OF CEMETERY OR C			d. LOCATION (City or T		(County)	(State)
2/	FUNERAL DIRECTOR		- 0- 0	ADDRE	Pauls C		Sa RECO BY REC	Clearspri	GISTRAR S	ASA. CO	., Md.
			110	N. Main St.			DATE WIPLI	1989	Tota	way Jan	Sec.
U (	onn n. ba	st. Jr	•     Z	N. Main St.	Boonsbo	mo. Mal	DATE BATELLI -	1000	/	- //	0



						DEPARIMENT					
	045	72	DIVISION OF V	-		PRESTON STREET,		E, MARYLA	ND 21201	0456	5
ı	1140	1 12			ERIIFI	CATE OF DEA					
I	I. DECEASED-NAME	First		Middle		Last	2a.	DATE OF DEAT	f Aanth Day	Year	2b. HOUR
	(Type or print)	Loma	Ma	ıy		Frye		Marc	h 23	1969	7.30
3	. SEX		4. RACE			S. DATE OF BIRTH		6. A	GE (In years t birthday)		F UNDER 24 HRS.
	Femal	a	Negro			March 5	1908	3 6	YRS.	NOMINS DATS I	NUUKS MIN.
	TO BIRTHPLACE (SE		7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIE	NEVER MARRIED	9, <b>CO</b>	UNTY OF DEAT	н		
	country) Greenwo	ood. Va	USA.		WIDOWE		= 1	shing	ton		Md
	IO CITY OR TOWN		11 NAM	NE OF HOSPITAL OR INS	TITUTION (	not in hospital 12	o USUAL OCC	UPATION (Kind	af wark done	12b. KIND OF BU	ISINESS OR
	Harera	town, Mo	give str	eet address) shington	Com	nty Hosp	ring most of DOM 6	working life, ( STIC	ven if retired }	INDUSTRY	
ĺ	I3a USUAL RESIDE	NCE (Where deceose	d lived, if institution	n Residence before	13c. CITY (		IDE CITY LIMITS?	13e STREET			
•	odmission) STATE	and	HA COUNTY in	ton !	Hage:	rstown YES	NO 🗆	42 B	loom Av	re .	
4	14. FATHER'S NAME		Middle	Lost		IS. MOTHER'S MAIDEN	NAME First		Middle		Lost
	Joseph	1		Frye		F	lose			Ware	
i	IAA WAS DECEASE	D. EVED IN ITS ADMI		16b. SOCIAL SECURITY I	vO 17	INFORMANT			Address		
	Yes, no, or unkn	awn) (If yes give wa	or dates of service)	223-32-	7335	Mrs. Ros	sa M.	Russ	42 Bloc	m Ave	
	18 CAUSE C	F DEATH (Enter on	v one couse her line							APPROX MAI BETWEEN ONSE	E INTERVAL
	PART I.	DEATH WAS CAUSED	ву Ме	for (o), (b), and (c). tastasis	to Li	ver& Abdom	inal V	iscera	General	Ly 8 we	
	150	1 C.)	TE CAUSE (0)	A CONSEQUENCE OF						1	
	Canditions, i	fany, which gove )	Ca	rcinoma o	f the	Pancreas				7 mont	hs
ı	rise ta imm	ediote couse (o).	(b)(d)	A CONSEQUENCE OF						cert	ain
ı	stating the	underlying cause	(2)	n consequence of							
ı		FR SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISE	ASE OR CONDIT	ION GIVEN IN	ART 1(a)		
ı	Hyper	tensive a	and Ather	oscleroti	c Hea	rt Disease					
	19a. DATE OF	OPERATION 19b. (	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o. AUTOPSY?			WERE FINDINGS CO	INSIDERED IN CER	TIFYING
ı	E .					YES 🗆	NO 🗆	CAUSES OF I	DEATH?		
		IT WAS UNDERLYING		INJURY	21c	HOW INJURY OCCURRE	_	re of injury in	Port I ar Part 2, I	tem 18.)	
ı	S OR CONTR BE	ITING CAUSE OF DEATH	HOUR A.M.	Month Doy Year							
I	₹ 914 INUUDV	OCC IDDED 1916	PLACE OF INJURY (	AT HOME, EARM, STREET, EA	TÖRY, \ 21f.	LOCATION Street or R	LF D. Na.	City or To	lwis	County	Stote
	White N	lat while									
	22n   cer	ot work !	s haspital) atter	nded the deceas	ed from	Dec 16	19 68	, to Mar	23 , 198	59 , that (	I) (wet la
	COLL	tha dacaasad al	ive on Mar	16	14 DA (	ind that in Imvi (a	ari abintan	death accu	rred an the da	te and nout al	nd fram th
١	cans	es stated above	, (I) (ਅੰ <mark>ਵ)</mark> (ਗਰੇ) (	did nat) view the	bady afte	r death. <b>Prono</b>	unced	dead b	v Dr. Gr	aff.	
	22b/SIGNATI	RE	-1			ATTENDING	PCI MED.	CT ST/	VEE 22c. [	ar 24 19	69
I	6/	<b>U.</b>	- orms	24	DE	PKEE BHAS	DIRECT	DR LJ PH	YS.   12		
	22d. PHYSIC NAME (	IAN'S Willia	T. Lay	man, M.D		301 E.	Antie	tam St	reet, Ha	gerstown	1
			DATE	172, NAME OF	CEMETERY	OR CREMATORY	237	L LOCATION (C	ty or Town)	(Caunty)	(Stote)
	230 BURIAL, CREADYALLS		-27 <b>-</b> 1.969			Cemetery		· ·	ood Roc	, ,,	
	24. FUNERAL DIR		-21-1309	ADDRESS		1256.	REC'D BY REC	GISTRAR	2Sb REGISTRAR'S	SIGNATURE	
Ì	Oracl Oli	8114		11 -			AR 2 6	1969	Elians	in Joseph	2
1	Tom	- 1 Wal	2000-71	Nagarate	m	TITO , I PA			0	0 0	



1		MARYI DIVISION OF VITAL RECOR		EPARTMENT OF		1001	<b>* * * * * * * * * *</b>
	04573	DIVISION OF THAL RECOR	CERTIFICA	TE OF DEATH	IIMORE, MARTEAND Z	1201 845	5 6
	DECEASED NAME First	Middle		Last	20. DATE OF DEATH		2b HOUR
) L	(Type or print) Will:	iam Henry	Gesfor	d	March	1.2 1.9	69 9:42Pm
3.	SEX	4. RACE	S.	DATE OF BIRTH	1.896 6 AGE (In y	PERIS IF UNDER 1 YE MONTHS D	EAR IF UNDER 24 HRS. DAYS HOURS MIN
70	Male BIRTHPLACE (State or foreign	White 7b. (TIZEN OF WHAT COUNTRY?	I Rar	Sept. 20,	9. COUNTY OF DEATH	YRS	
(0	untry) (aryland	USA	WIDOWED	NEVER MARRIED DIVORCED	Washington		Md
	(ity or town of Death	ii Mame of Hospital of give street oddressi washing tor	County	n haspital 12a USU du <b>ring a</b>	IAL OCCUPATION (Kind of war	rk dane 12b KIND retired ) INDUSTE	o of Business or
		d lived, if institution. Residence be			*		
ad	Missian) STATE Naraland	W ashington	Hagersto				
14	FATHERS NAME First	M. ddie Lo	st 15 A	OTHER'S MAIDEN NAME		M.ddle	Last
L	Willia				herine	Davis	3
16	a. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn)   (II yes give wa Yes   World	ir or dotes of secure)			1107 Pope Av		3
-				sy Miller//	Hagerston	m, Maryla	PROX MATE INTERVAL
		y one cause per line far (a), (b), and BY TE CAUSE (a) Acute m		loukomi o		SETWI	1/69
	IMMEDIA	DUE TO, OR AS A CONSEQUENCE		Teukemia		3/	1/09
ı	Canditions, if any, which gave }		, or				
ı	rise to immediate couse (a), ( stating the underlying cause)	(b) DUE TO, OR AS A CONSEQUENCE	E OF				
	last.	(c)					
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	IE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a	.}	
NOU	190 DATE OF OPERATION 1196 C	ONDST ON FOR WHICH OPERATION W	IC DEDECADMEN	20o. AUTOPSY?	Joh IE VES MEDE EI	NDINGS CONSIDERED I	IN CEDY CVINC
CEPTIFICATION	THE ONLE OF OPERATION 190 (	OND ON FOR WHICH OPERATION W	O PERFORMED	YES NO IX	CALISES OF DEATHS	וייייייייייייייייייייייייייייייייייייי	THE CERT FING
			21c. HOW		er nature of injury in Part 1 or	r Port 2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR A.M. Manth Day '	Year 19				
ANE	21a NJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC		TION Street or R.F.D. No.	Gty or Town	Caunty	State
	22a. I certify that (I) (the	s haspital) attended the dec	eased from	10/2 , 196	4 to 3/12	, 19_69, t	hat (i) (%%) last
	saw the deceased al	ve an 3/12 (I) (www.kdak.(did.not)-view.	the body after dea	nat in (my) (ठ <b>८४३)</b> ap	inian death accurred an	the date and ha	iur and from the
	22b. SIGNATURE	1110	na ()			22c DATE SIGNED	
	15	man and	DEGREE	ATTENDING ATTENDING PHYS	MED STAFF DIRECTOR PHYS	3/14/69	
	22d PHYSIC AN'S NAME (Type) Dona 1	d E. Martin, M.D		22e ADDRESS	veland Ave.,	Hagoreton	m Md
-				··-			
23	BURIAL, CREMATION. 23b. D REMOVAL (Specify) Rurial Narc	ate 23c NAME th 15. 1.969 Greet	OF CEMETERY OR CR		23d LOCAT ON (City of Total		
24	FUNERAL DIRECTOR ALBERT L. Leaf	Williamsport, No			BY REGISTRAR 256 REG	GISTRAR S. S GNALLRE	ar Jacob
	vineir P*Fegi	WITTISHSport, Wa	rryrand.	MAR :	17 1969 1	contra for	0



	1	04574 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04567
	It	em23 FilmGilO 3/11/69 kk CERTIFICATE OF DEATH	
unerol I and 2 or death.		eccased-Name First Middle Last 20. Date of Death Type or print) Carey Reid Goodle March 3.	2b. HOURA 7:25
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the hospital or ottending physicion. The his certificate has been signed by the ottending physicion and completely filled in by the funeral stacked for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 Dept. of Health prior to buriol, cremotion, or remayol, and in any event, within 22 hours dater death	3. S	Male Negro June 29, 1904 loss birthdoy) YRS. M	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
illed in papers.	COU	Pennsylvania U.S.A. WIDOWED DIVORCED Washington Ca	unty. Md.
urted Within 2 ombletety fille ve corban par event, within	H	CITY OR TOWN OF DIATH  11. NAME OF MOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  Agerstown  Vash, Country Hospital during most of working life, even if retired)	126 KIND OF PUSINESS OR INDUSTRY
completety filled rough to the complete type of the	odn	USU). RESIDENCE (Where deceased lived, if institution Residence before 13c. 47 OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER ission) STATE Vary Land 13b. COUNTY. Vashington Hage (Stawn YES) NO 130 We st Bet	hel Street
be ex	14.	FATHER'S NAME First Middle Lidst 1 Is. MOTHER'S MAIDEN NAME First Middle Lee	Carey
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Poge 4 may be retained by the hospital or ottending physicion.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban should be filed with the State Dept. of Health prior to buriol, cremation, or remayal, and in any event, with	160	WAS DECEASED EVER IN C.S. ARMED FORCES? (fes, no, ortunknown) It is give, wor or dotes of service)  Al8-20-0168 Derothy B. Good oe 130 W	
at the death cer the ottending p nsit permit. The motion, or rema		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction	BETWEEN ONSET AND DEATH  Levere Torus
at the critical threaters the critical motion.		ODUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove isse to immediate couse (a).  ODUE TO, OR AS A CONSEQUENCE OF (b) Coronary atherosclerosis with thrombosis	Indefinite
es the sicion. ed by ol-trou		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
v requiring physen sign, he burie	×	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Cerebral thrombosis with hemiparesis	
The lover of the stand of the stand of the stand of the prior of the prior of the stand of the s	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES  NO  CAUSES OF DEATH? Yes	
CIAN: oital or tificate of for a	MEDICAL CE	216. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  216. TIME OF INJURY PORT 2. Its  216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Its  417. HOUR A.M. Month Day Year  418. HOUR A.M. Month Day Year  419. HOUR A.M. Month Day Year	m 18.)
PHYSI he hosp this cer detached a Dept. c	MEI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the haspital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transit should be filed with the State Dept. of Health prior to buriol, cremate		220. I certify that (I) (this hospital) attended the deceased from February 3, 169, to March 3, 196 sow the deceased from 199, and that in (my) (our) opinion death occurred on the date couses stated above, (I) (we) (did) (did not) view the body ofter death.	that (I) (we) lost ond from the
OR ATT OR ATT DIRECTO ele 3 sho eld with		226. SIGNATURE DEGREE ATTENDING DE MED. STAFF 22.C. DI DIRECTOR. D PHYS. 3	14/69
SPITAL 4 moy NERAL I for, pag id be fil		22d. PHYSICIAN'S B. B. Kneisley, M.D. 22e. ADDRESS 148 Pest Washing Hagerstown, Mar	
TO HO Poge TO FUR direct			(County) (Stote)
VR ATE (1)	ZA	FUNERAL DIRECTOR  ADDRESS  ADDRESS  250 REGISTRAR'S S  DATE MAR 6 1969  TOTAL	can Juage

ATATE DEDINERSHEDIT OF HE



		0457	5	DIVISION OF	F VITAL RECORDS		PRESTON STI		IMORE, MA	ARYLAND 21	201	045	68	
		EASED NAME	First		Middle		Last		2a. DATE (		Dave	V	26. НОШ	Į į
	(1)	pe or print)	CLARE	ENCE	EDWARD		HARRAUG	H	MARC	4.5	Day	69 Year		Mc
	3 SE			4 RACE			S. DATE OF BI	IRTH		6 AGE (In ye last birthda	ges ()	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HI	2.
I		MALE		WH]	ITE .		NOVEM	BER 17	, 1997	71	YRS.	MONITIS DATE	HOOKS IN	
ı	70 B	RTHPLACE (Stote	or foreign	76. CITIZEN OF W	VHAT COUNTRY?	8 MARRIED	NEVER MAR	RRIED 🗍	9. COUNTY C	OF DEATH				
ı	COOT	PLINISY!	ANIA	U.S.		WIDOWED	<u> </u>	RCED 🔲		INGTON				Md.
3	10 CI	II OK TOWN OF S	TAIN	11 h	NAME OF HOSPITAL OR II			12a USU	AL OCCUPATIO	IN (Kind af wort na life even if re	tiref )	126 KIND C INDUSTRY	F BUSINESS OR	
,		HA E'S				COUNTY				Alife exerct		P	E	_
		JSJAL RESIDENCE sion) STATE	(Where deceo CYLANI	1 tot COMMITM	ution Residence before		R TOWN	YES NO	. —	STREET AND NUM		Y A.RN	UE	
ŀ	14 F	ATHER'S NAME	First	Middle	Lost		S MOTHERS MA	AIDEN NAME F			ddle		Lost	=
		AA	105	7	HAVLAT	H		:AA.:D	A	С		C	COUSE	
-	16a.	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b SOCIAL SECURITY	/ NO 17	INFORMANT			934 Ad	dres <u>f</u> v[]	L-E TY	A D.	_
- [	To	s, no osunknown	(It was diva	war or dates of service)	274-10-4	649A M	S ANNA	HALA	U.H.	HALES	VAY, OT		LAND	
ı					line far (19), (b), and (a	:).) ,	01	3		. 0	., ,	APPRO	XIMATE INTERVAL ONSET AND DEATH	
		PART I DEAT	H WAS CAUSE	ED BY IATE CAUSE (a)	Unte	tine	2 (Ul	Elmi	den	relan	time	46 2	4 hrs	
		1"	<	- 1	AS A CONSEQUENCE O	F	. 0	-				. /	/	
		Conditions, if ony			Geres	alize	d Ca	remo	mul	ous		1/	2 420	
		stating the unde			AS A CONSEQUENCE O	Fe O		. 1	1	/		47	0	
		last		(c)	Clive	coner	ser by	051	Look	:Ce		13	colo	
		PART 2. OTHER SI	GNIFICANT CO	NDITIONS CONTRIB	LITING TO DEATH BUT	NOT RELATED	to the term <b>()</b> A	IL DISEASE OR	CONDITION GIV	VEN IN PART 1(a)			U	
-	TION	190. DATE OF OPER	ATION 19b	CONDITION FOR W	HICH OPERATION WAS F	PERFORMED	20a AUTO	OPSY?	206	IF YES, WERE FIN	DINGS C	ONSIDERED IN	CERTIFYING	
	CERTIFICATION						YES		241/2	SES OF DEATH?				
٠,		21g ACCIDENT W	AS UNDERLYI	NG 216. TIME			_			ijury in Port 1 or	Port 2, 1	tem 18.)		_
	MEDICAL	or contributing	CAUSE OF DEA	TH HOUR A.M.										
	MED	21d INTURY OCC.	(RRED 21e	PLACE OF INJURY		ACTORY.) 21f	LOCATION Street	et ar R.F.D. Na	ı. (G	ity ar Tawn		County	State	
		While Not wi	rk 🗀 📗				-46			4				
		22a. I certify	that (1)2(1)	nis baspital) at	tended the decea	sed from	ymil	, 19 (	00, to_/	Murch	L, 19.	69, the	ot (I) (we) I	asi
		saw the	deceased	alive on The	arch 4	19 <u>69</u> , a	nd that in (m	ny) (dut) ap	ınıan death	n accurred an	the da	te and hau	r and from	he
		22b SIGNATURE	rated abov	e, (1) (we) (ala	) ( <del>did.net</del> ) view the	e bady atte	aeam				1 22.	DATE SIGNED		_
		ZZD SIGNATURE	Julan	1 n	2 /	90 () DE	ATTENDI GREE PHYS	NG [X]	MED. DIRECTOR	STAFF C		/5/69		
		22d PHYSICIAN'S	im	CC. //	VIX (MA)	M KK III	REE PHYS		UIKECTUK -	- kui)		13147		
		NAME (Type)	JOHN	A MCTAN.	M. D.				HII.JTC	N ST.	HAJE	RSTOWN	. Y.D.	
	230	BURIAL, CREMATIC		DATE		F CEMETERY C	R (REMATORY			TION (City or Tov		(County)	(State)	
	-50	REMOVAL (Specify		3/7/69			C IMPIT FL	Y		Sporto F			elivi.A.	
	_	FUNERAL DIRECTOR			ADDRES	SS		25a REC'D I	BY REGISTRAR	25b. REG	ISTRAR'S	SIGNATURE		
	1	mkau	cer	F	HAGE STOWN	. MALY	LAND	DATEMA	R 1 0 '	1969	Cla	rear la	edge	

MARILAND STATE DEPARTMENT OF REALTH

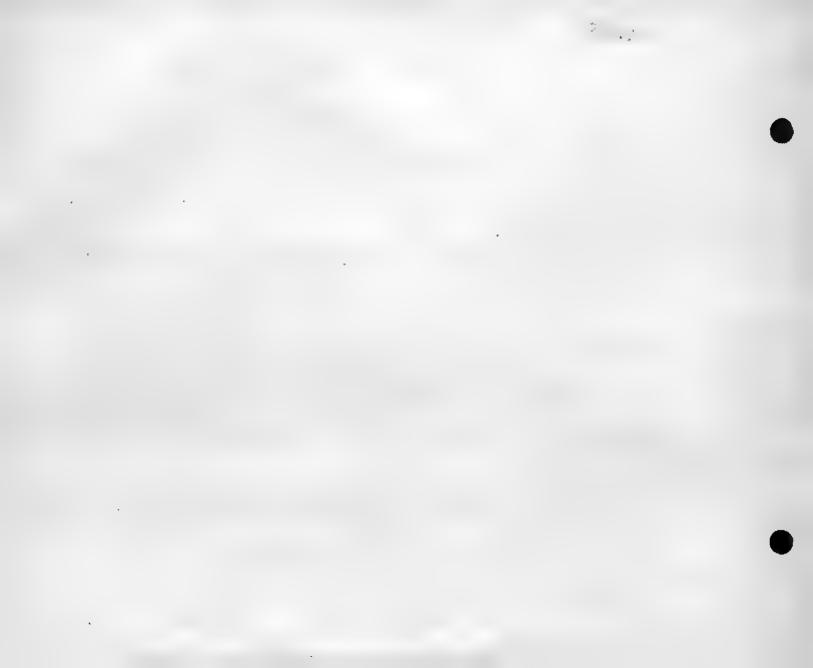


MAKTLAND STATE DEPAKTMENT OF HEALTH





	0.500		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTH		
	04578		ERTIFICATE OF DEATH		04571
	1 DECEASED NAME First (Type or print) Anna		ia Herbert	20 DATE OF DEATH  MATCH  Da	26 HOUR 17 Yes 4:05A
	3 SEX Female	4 RACE White	S DATE OF BIRTH Feb. 13 1891	6. AGE (In years lost birthday) YRS	JE UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	70 BIRTHPLACE (Stote or fore gn country) Washington	76 CITIZEN OF WHAT COUNTRY? U.S.A	8. MARRIED X NEVER MARRIED 9 WIDOWED DIVORCED	COUNTY OF DEATH Washington	Mo
	to city or fown of death Hagerstown	11 NAME OF HOSPITAL OR INS	County Hospitaling mos	OCCUPATION (Kind of work done st of working life, even if retired) Housewile	126 KIND OF BUSINESS OR INDUSTRY
	130 USUAL RES DENCE (Where deceosed demission) STATE Maryland	and decimal of constitute and the second	WilliamsportyFXX NO	13e, STREET AND NUMBER	ry St.
ı	14 FATHER'S NAME First	Middle cost	IS MOTHER'S MAIDEN NAME FO	st Middle	Last
Į	Cyrus	M. Davi		mma	Shipley
l	160 WAS DECEASED EVER IN U.S. ARA Yes, no. or unknown) (If yes give w	NED FORCES? To or dates of service) 16b SOCIAL SECURITY N 219-34-562	0 17 INFORMANT 23 Ar. Benjamin Fr	Address L anklin Herbert V	Villiamsport Me
	Conditions, if ony, which gave inse to immediate couse (o), storing the under ring couse lost.  PART 2 OTHER SIGNIF CANT CON	DUE TO, OR AS A CONSQUENCE OF  (b) CLEAN 2  DUE TO, OR AS A CONSEQUENCE OF  (c) CONTRIBLE OF TO DEATH BUT NO  CONDITION FOR WHICH OPERAT ON WAS PER  G 21b TIME OF INJURY  HOUR A.M. Month Day Year	clercia Cas  Calculate Veas  TRELATED TO THE TERMINAL DISEASE) OR CO.  Solution Views	20b. IF YES, WERE FINDINGS C CALSES OF DEATH?	
	While Not while of work		opy.) 21f LOCATION Street or R.F.D. No d from 76, 15, 196 G. and that in (my) (our) april ody ofter death	(ity or Town  7 , to Monch 17 , 19 ion deoth occurred on the do	County State  (9_, that (1) (we) last the and hour and from the
	22d. PHYSICIAN S NAME (Tyge) Franc	can Levelot	DEGREE ATTENDING MEI PHYS DIR	220	DATE SIGNED
	230 BURIAL, CREMATION, 236 I		LL Cemetery	23d LOCATION (City of Town) Hagerstown W	(County) (Stote)
J	24 FUNERAL DIRECTOR	ADDRESS	2So REC'D BY		
	Albert L. Leaf	Williamsport Ma	DATMAR	2 1 1969	The state of the Park





S DATE OF BIRTH   1891   6. AGE (in years lost berindoy)   18, White   January 18, Washington   Washington   Washington   Washington   Washington   Washington   Washington   January 18, Washington   Washington   Washington   January 18, Washington   Washington   January 18, Wash	
DECCASED NAME (Type or print)   Besse   Brandt   Horn   20. DATE OF DEATH   March 15. 19	73
S SEX   S Pemale   4 RACE   White   S DATE OF BIRTH   1891   6.AGE (in yeors rote lost birthdoy) 78 yrs   Months   D January   18   78   RESIDENCE (Stote or foreign Control)   To CITIZEN OF WHAT COUNTRY?   S MARRIED   NEVER MARRIED   9. COUNTY OF DEATH Was childled in the proper of the proper	2b. HOUR
Female  White  January 18,	69 307A
70 BIRTHPLACE (Stote or foreign	AR IF JHOER 24 HRS AYS HOURS MIN
II NAME OF HOSPITAL OR INSTITUTION (I not in hospital during most of working fe, even if ter red)  Hagerstown  II NAME OF HOSPITAL OR INSTITUTION (I not in hospital during most of working fe, even if ter red)  Washington Co. Hospital House Wife Own  Iso usual residence before lagerstown of institution residence before lagerstown of institution residence before lagerstown is street and number of working fe, even if ter red)  Washington Co. Hospital House Wife Own  Iso mission is street and number of working fe, even if ter red)  Washington Co. Hospital Iso most of working fe, even if ter red)  Washington Co. Hospital Iso most of working fe, even if ter red)  Washington Co. Hospital Iso most of working fe, even if ter red)  Iso mission is street and number of working fe, even if ter red)  Washington Co. Hospital Iso most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Washington Co. Hospital Iso most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter red)  Iso mission in most of working fe, even if ter and most of term iso most of term in most of term in most of term iso most of term in most of term iso most of term iso most of term in most of term iso most of term is	
135 USUAL RESIDENCE (Where deceased lived, if institut on Residence before difference)   136 CITY OR TOWN   134 INSIDE CITY (IM 157)   136 STREET AND NUMBER   136 OUNTS, and the street of the stre	O OF BUSINESS OR Y Home
Thomas A. Poffenberger  Annie B. Murrey  160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no prunknown)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and LAP PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove nise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  Label A. C. Label B. Murrey  Annie B. Murrey  830 Theess Terrace NPRETY.  APP BETWEE  APP BETWEE  APP BETWEE  APP BETWEE  APP BETWEE  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  APP CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  APP CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  APP CONTRIBUTION OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  APP CONTRIBUTION OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  APP CONTRIBUTION OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  APP CONTRIBUTION OF THE SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no prunknown)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) one Little PART 1 DEATH WAS CAUSED BY  18 CAUSE OF DEATH WAS CAUSED BY  18	Lost
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of the underlying couse (a), DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Alexander Consequence of Normal Contributions of the Contribution of	ROXIMATE INTERVAL EEN ONSET AND OFATH  OLIGIEST
(Allers and Working ") It is a served to be I have It below to the	etestores
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IS AUGUSES OF DEATH?  CAUSES OF DEATH?  CAUSES OF DEATH?	- ,
OR CONTRIBUTING CAUSE OF GRATH HOUR A.M. Month Day Year P.M. 19	
While Not while OFFICE BUILDING FTC	Stote
22a. I certify tho (1) (this hospital) attended the deceased fram	har (IV (we) last our and from the
22b SIGNATURE ATTENDING MED DEGREE PHYS DE	-69
22d. PHYSICIAN'S B. B. KNZISLEY 22e ADDRESS 148 We look St. Hagenston le	4.
230 BUR A. CREMATION, REMOVA. (Specify)  March 18  230 NAME OF CEMETERY OR (REMATORY ROSE Hill Cemetery Hagerstown, Maryl:	
24 FUNERAL DIRECTOR Hagerstown, Md. ADDRESS Andrew K. Coffman Funeral Home Tro.	erage.

MAKTLAND STATE DEPAKTMENT OF HEALTH





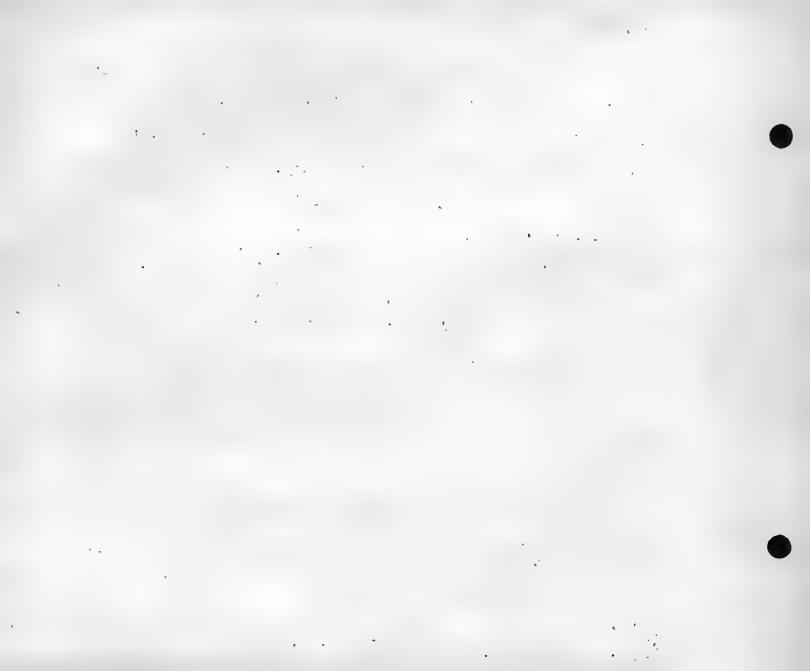


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	를 _2록		CEASED-NAME	First		Middle		Lost		20. DATE OF		м	2b HOUR
	er death. funeral i and 2	(	ype or print)	Wilbi	ır	Samue]		Jenning	5	Ma	reh 11.	1969	2:00AM
	fundamental fundam	3. SE	Х		4. RACE			S. DATE OF BIR	RTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Athin 24 hages after sale fulled in by the fulled on papers. Pages 1		ale		Whi	te		Sept.	23, 18		lost birthdoy) 84 YRS.	MONTHS DAYS	HOURS MIN.
4	\$ 5 TE	70 i	BIRTHPLACE (Stote or fore	gn 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARR	ED X NEVER MARE	RIED 7	. COUNTY OF	DEATH		
	d in ders.		rownsville,	Md.	U.	S. A.	WIDOW	<u> </u>	CED 🔲	Wash	ington		Md.
	recuted within 24, campletely filled i mave carban paper ny event, w.thin 72	10. (	ITY OR TOWN OF DEATH		11	NAME OF HOSPITAL ve street oddress)	OR INSTITUTION	(If not in hospital	120 USUAL	OCCUPATION	(Kind of work done life, even if retired.)	12b KIND OF INDUSTRY	BUSINESS OR
	\$ 0 × ( )		rownsville		"				ra:	rmer		Farmi	ng
	ent de la	130	SUAL RESIDENCE (Where	deceased	lived, if insti	itution Residence b	efore 13c. CITY	OR TOWN	34. INSTOE CITY LIM		REET AND NUMBER		
	The Bank of		ssipp) STATE		13b. COUNTY Washi	ngton	Bro	msville	YES NO	X .			
	and and reminany	14.	ATHERS NAME First		Middle	9	.05†	IS MOTHER'S MA	DEN NAME Fir	st	Middle		Lost
	be se din din		Samue	1		Jer	nings	1	Ann	ie		Spielm	an
	e death certificate b attending physician permit. Then please an, or remaval, and i	160. Y	WAS DECEASED EVER IN I	J.S. ARMEI yes give wer	OF CATES?  OF dates of service)	16b. SOCIAL SEC		7. INFORMANT			Address	•	
	phy:		es, no, or unknown) (II			220-34-	-0952	Ira.S. Ka	therin	e. Jenn	ings, Brow	msville	, Md.
	e The		18. CAUSE OF DEATH (I PART I. DEATH WAS	inter only	ane couse pe	r line for (a), (b), a	nd (c).)	12	. 1	r 0		BETWEEN O	MATE INTERVAL HISET AND DEATH
	eath mit.		PAKI I. DEAIN WAS	MMEDIATE	CAUSE (o)	eou	part-V	· hen	7 40	Men		47	ears
	ne death attendir permit. ian, or re		517 X		DUE TO, O	ir as a consequen	OF OF	100.	. 0	. 0.		1 . '	
	t the set and		Conditions, if any, which	gove)	(b)		200	- Maca	mon	·		y cu	4
	PHYSICIAN: The law requires that the death certificate be executed who haspital ar attending physician. This certificate has been signed by the attending physician and camplete trached far use as the burial-transit permit. Then please remave carb Dept. af Health prior to burial, crematian, or remaval, and in any event,		stoting the underlying		DUE TO, 0	R AS A CONSEQUEN	CE OF Little	onany	1	bron	-3	74	مدم
	phy phy sign suri		PART 2 OTHER SIGNIFIC	ANT COND	ITIONS CONTR	IBUTING TO DEATH	BUT NOT RELATE	D TO THE TERM NOTE	DISEASE OR 20	NOT ON GIVE	N IN PART I(o)		
	v re	×					un	<b>L</b>					
	The law ratending attending has been se as the the prior ta	CERTIFICATION	190. DATE OF OPERATION	19b. CC	NOTION FOR	WHICH OPERATION V	VAS PERFORMED	20a AUTOP	PSY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
	The start of the s	E						YES 🔲	NO 🕞				
	rscian: aspital ar certificate hed far u		210 ACCIDENT WAS UN		21b TIME HOUR A.	OF INJURY M. Month Doy		. HOW INJURY OCC	URRED (Enter	noture of In-u	ry in Port 1 or Port 2,	Item 18.)	
	pite poite	MEDICAL	(If either, notify medico	exomine	r) P.	M. ′	19						
	DING PHYSICIAI by the haspital After this certifica be detached fail State Dept. af He	25	21d INJURY OCCURRED While Not while of work			( AT HOME FARM, ST OFFICE BUILDING, E		f. LOCATION Street			or Town	County	State
	ATTENDING stained by the CTOR: After is should be d iff the State		22o. I certify that saw the dece	(I) (this	hospital) (	ttended the de	ceosed from	12.18	, 19.6	<u>_</u> , to _	S- H- 19	61, that	(I) (we) last
	N Sed to		saw the dece	sed aliv	e on	2 - 11 -	19.67	and that in (my	y) (our) opin	ion death	occurred on the d	ote and hour	ond fram the
4	ais Se de de		22b SIGNATURE	abave,	(I) (we) (ai	id) (did not) viev	v the body at	er geam.			220	DATE SIGNED	
	OR ATTENDING be retained by the DIRECTOR: After a 3 shauld be a led with the State	l	228 SIGNATURE	U)	www	Saul	1	DEGREE PHYS	G ME	D RECTOR	STAFF PHYS	3 - N -	69
	r P P P P P P P P P P P P P P P P P P P		22d. PHYSICIAN S					22e. ADDF	DECC	•			
	Page 4 may be retained by the hard Functor, page 3 shauld be detactor, shauld be filed with the State Deg		NAME (Type)	1051	PH	SECOI	NDAR	21	75	SOOV	SBORO	Md	
	HOS Be 4 UNI Caulo	230	BURIAL, CREMATION,	23b DA	TE	23c. NAI	NE OF CEMETERY	OR CREMATORY		23d LOCATIO	ON (City or Town)	(County)	(Stote)
	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		BULY EL	3-	13-	69 Brow	msvill	Cemeter	y	Brown	sville, V	Wash. Co	Md.
	VR A15 (4)		FUNERAL DIRECTOR			AC	DRESS		2So. REC D BY	REG STRAR	25b REGISTRAR	SIGNATURE	
	30M REV 1/68	Jo	hn H. Bast,	Jr.	112 N	. Main St	. Boon	sboro, Mo	MAK I	7 196	9 Ichan	May Visedo	e.C.



, 1	- 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	,		04585 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04578
FOR STATE		1 0	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
HEALTH DEPT.			(ype ar Print)	Doy Year 25 HOOR
> £ A		3 5	JOHN BALLY KEENER  DEATH MARC  X 4 RACE JOHN S DATE OF BIRTH  6 AGE (in years   F UNDER 1 YEAR)   F UNDER 24 HRS.   2c DATE PRONOUNCED DEAD	
8 177 E			(ost birthdoy) MoNTHS DAYS HOURS Mith. Month Day	Year 1960 7:39
Port			ALE WHITE 7/19/1885 83 YRS  RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1960 p-9M
offer leath any offer leath form Remover the State Depo		canu	try)	
th iges tote		1D. (	MARYIAND U.S.A. WIDOWED DIVORCED WASHINGTON  ITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (11 not in hospital 12a USUAL OCCUPATION (Kind of work done)	Md. 125 KIND OF BUSINESS OR
e S			HAGERSTOWN  G. WE street address   G. WELLINGTON CO. HOSPITAL RETTRED FARMER	I NUCSIKI
offer of offer with the leath.			USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d MADE CITY LIMITS? 13e STREET AND NUMBER	
		a	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c (IIV OR TOWN 30 MADE (IV LIMITS? 13e STREET AND NUMBER 13th COLWASHINGTON HAGERSTOWNYES NO X 38 W. LONG!	MEADOW RD.
Hours Offer offer of		14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
r's 0 r's 0 r's of				BALLY
hin 24 nord in niner's poges hours			NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT HARMED FORCES?	
within n pencil Examine File page			es. no. NOknown) (If yes give wor or doles of service) 218-38-1462 MRS. MARK KEENER . I	MD.
ed al Est			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical I ansit permit."			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shock	Few
ex end f M	V		DUE TO, OR AS A CONSEQUENCE OF	minutes
f be d "p Chie	,		Conditions, if ony, which gove inserted in mediate course (a).  (b) Compound fracture both left & right femur	
should be e ne word "per o the Chief I burrof-transit			stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ote should be executed g the word "pending" in ed to the Chief Medical E. s o burial-transit permit. F ond in ony event within			(6)	
MINER: This certificate should be executed within 24 the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's ur files.  Journal of the Used os a burial-transit permit. File pages is a 3 should be used os a burial-transit permit. File pages is mation, or remayal, and in any event within 72 haurs.			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te, writin te, writin forward te used os		TION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	2D AUTOPSY?
e, v forv o us		CERTIFICATION	WAS PERFORMED?	YES NO
ER: This certificate, ould be for es.	ì		21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	
INER: T e certific should b files. 3 should		MEDICAL	PRIMARY TO OR CONTRIBUTING 7:12 P.M 3-21- 19 69 Struck by auto while crossing re	nad.
she of she asked as she of she	18000	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (A) hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
EXAMINER: ute the certi age 4 should your files. Poe 3 shoul			WHILE AT WORK OF AT WORK OF Public Highway Longmendow Rd. R#6. Hagerstown, Washingto	on. Md.
cal Exa execute for. Page ed for you CTOR: Pog	- (		22a. I certify that I taak charge of the remains described above, held an Autopsy , inspection 🕱, Inquiry	
bleose execute the director. Page 4 director. Page 4 etoilized for your DIRECTOR: Page or to burial, cren			death resulted from Natural causes Accident 🕵 , Suicide 🔝 Hamicide 🔝 Undetermined manner	
pleose il director retolire to bior to b			CHIEF MEDICAL EXAMINER	
9 2 4 9			SIGNATURE A COLO ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED
CESSORY, For Energy Be remarked to the control of t	7		CANHILLEY 2	<u>-1969</u>
O DEPUTY necessory, the funera 5 may be 0 FUNERAI	₹.,	-	NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washing Took Stlown Happerstown, 1	wid.
5 g t ~ 5 t		23a	TRANSVAL-Specify)	(Caunty) (State)
		24	BURTAL" 3/24/69 PARADISE MEN. CHURCH WASHINGTO	
VR A15ME (5)	0	14		
VR A15ME (5) 10M REV, 1/68	M	6	Vi Morment, Hageslown, Md- DAIMAR 2 6 1969 Jour	Con Verdage
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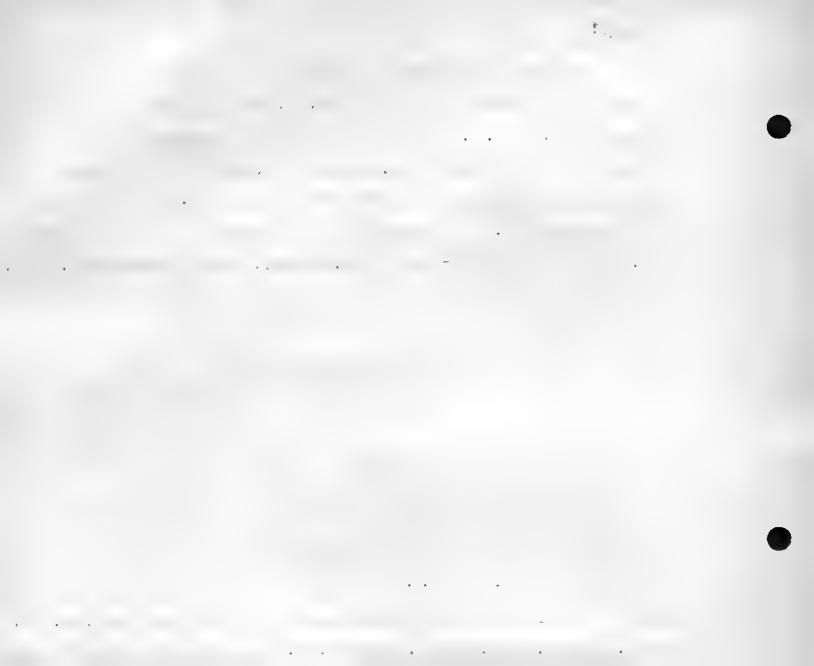
_ 1			D STATE DEPARTMENT OF		
1	04589		301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		04582
Fr death.	1 DECEASED NAME First (Type or print) Finne	a. Rebecca	last Kina	20 DATE OF DEATH Month Day	Year 9:50P
	3 SEX	4 RACE	S DATE OF BIRTH	March 4	F J NOER 1 YEAR   IF UNDER 24 HRS
5 4 3 5 A	Gemale	White	9eb.4.1900	6 AGE (In years last birthday) YRS	MONTHS DAYS HOURS MAN
a diameter	7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	0	9. COUNTY OF DEATH	
ho ho	Great Cacapon. W.	A	MARRIED NEVER MARRIED DIVORCED DIVORCED		
lled oppopulation 7	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	Lps.,pd	Washington  JAL OCCUPATION (Kind of work done)	126 KIND OF BUSINESS OR
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the hospital ar afterding physician.  his certificate has been signed by the attending physician and campletely filled in by the tuneral stacked for use as the burial-transit permit. Then please-femave carban papers, from and 2 hours after death Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death	Heaerstown	give street address)	d St. during	most of working life, even if retired)	INDUSTRY Home
ed cart,	13a USUAL RESIDENCE (Where deceos	ed lived, if institution Residence before	13c. CITY OR TOWN 13d MISIOE CITY	LIM TS? 13e STREET AND NUMBER	
a camp mave may eve	admission) STATE	13b COUNTY Washington	Hagerstown YES X	10 418 Boward St	•
ong ong on any	14 FATHER S NAME FIRST	Middle Last	15 MOTHER'S MAIDEN NAME	First Middle	Lost
ies that the death certificate be executed visition. ed by the attending physical and camplete of transit permit. Then please-remaye cart of, cremation, or removal, and in any event.	John	Nelson Smit	h Mar	rgaret Delena	Butts
esse and i	160. WAS DECEASED EVER IN U.S. ARN	MED FORCES? 16th SOCIAL SECURITY	NO 17 INFORMANT	Address	
physical physical physical poval,	Yes, na, or unknown) (II yes give w	217-18-71	27 Mr. Geo. g. King	418 Boward St. Ha	gerstown, Md.
en e	18. CAUSE OF DEATH (Enter an	ly one cause per line for (a), (b), and (c).	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t the death ce the attending sit permit. Th nation, or rem	PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), and (c). D BY, IVE CAUSE (a) Myocardia	infarction	S	everal hours
afte erm m, c	4104	DUE TO, OR AS A CONSEQUENCE OF			
the continuation	Canditions if any, which gave)		therosclerosis		Indefinite
equires that the physician. signed by the burial-transit bur of, crematin	rise to immediate couse (a), stating the underlying couse.	DUE TO, OR AS A CONSEQUENCE OF			
sicio bill-tr	lost.	(t)			
phy: phy: sign buric	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDIT ON GIVEN IN PART 1(0)	
ng Ing Ito K					
PHYSICIAN: The faw re e hospital ar affending his certificate has been stached far use as the Dept. of Health priar to	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CO	DISIDERED IN CERTIFYING
the date	HE I		YES NO P	CAUSES OF DEATH?	
ar are early		G 216 TIME OF INJURY	21c HOW INJURY OCCURRED (En	ter nature of injury in Port 1 or Port 2, it	tem 18.)
是是是是是 是是是是	OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examin	H HOUR A.M. Month Day Year ner) P.M. 19			
rosp cer chec	S 214 INTHIDY OCCURRED 141.	PLACE OF INJURY (AT HOME, FARM STREET FAC		o City or Town	County State
IDING PHYSICIAN: The faw requires that by the hospital ar afferding physician. After this certificate has been signed by 1 be detached far use as the burial-trains state Dept. of Health priar to burial, cre	While Nat while at wark				
by th by th ffer the be de State	22a. I certify that (I) (thi	s haspital) attended the decease live an Feb. 7	ed from Aug. 24 , 19	63, ta March 4, 19	69 , that (!) (we) last
	saw the deceased a	live an Feb. 7 1	9_69 and that in (my) (aur) a	pinian death accurred on the dat	e and haur and fram the
ATTENI retained ECTOR: A shauld with the	22b SIGNATURE	, (I) (we) (did) (did nat) view the	bady after death.		
MEC 3 S	220 SIGNATURE	11/200 11	DEGREE PHYS I	MED STAFF PHYS PAR	ate signed ch 5,1969
be of the state of	22d PHYSIC AN S	your St.			
RAI May 1	NAME (Type) B.	B. Kneisler, M	1.D. 22e ADDRESS Wes	st Wash. St., Ha	gerstown,Md.
TO HOSPITAL . ATTENPOSE 4 may be retained frector, page 3 should be filed with the	23g. BURIAL CREMATION. 23b. [		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
Pag Pag dire sho	PEMOVAL (Spar ful		laven Cemetery	Hagerston n-Was	
001	24 FUNERAL DIRECTOR	ADDRESS	2So REC D	BY REGISTRAR 25b REGISTRAR 5	SIGNATURE
VR A15 43 45M - 1/8	Rest Haven Fun	eral Chapel Hager	stown, Md. DATE M		when Judge
1 1	TO TAME OF JAME	July Chap are Trades	Aur [1]	1000	4 4



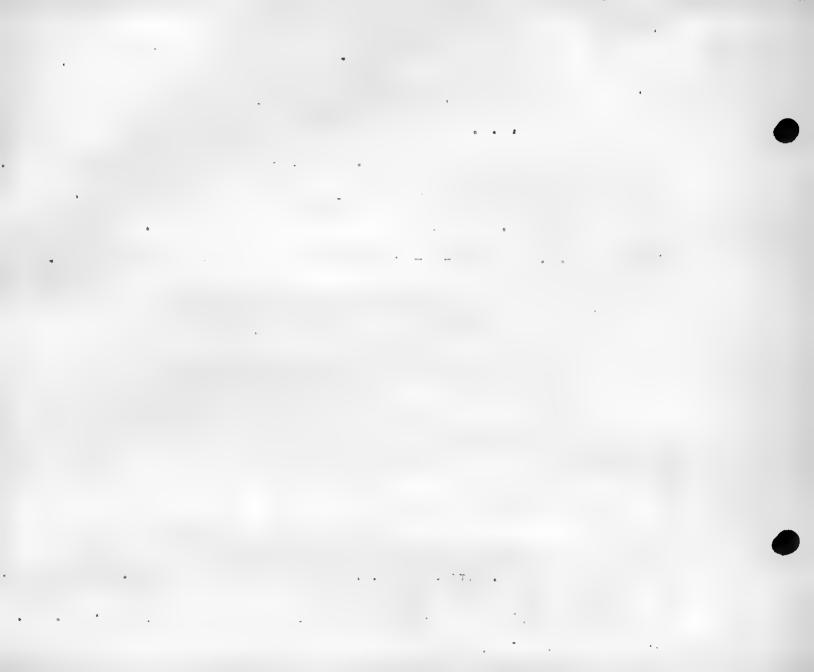


	04591	DIVISION OF VIT		. PRESTON STREET, E FICATE OF DEAT	BALTIMORE, MARYLAND 212 FH	0458	4
1	DECEASED-NAME First		Middle	Last	20. DATE OF DEATH	- 2017	2b. HOUR
П	(Type or print) Charl	es C	leveland	Martin	March	1. 1969	6:30AM
3.	SEX	4. RACE	20102010	S DATE OF BIRTH	6 AGE (In yea	ITS IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	White		Dec. 29,	1884 Bu	YRS. MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (Stote or fore gn	7b. CITIZEN OF WHAT C	OUNTRY? 8 MARS	NEVER MARRIED			
Ï	eltersburg, Md.	U. S. A.	WiDO	VEO DIVORCED			Md.
10	CITY OR TOWN OF DEATH	111. NAME (	OF HOSPITAL OR INSTITUTION	(If not in hospital 120.	USUAL OCCUPATION (Kind of work	done 12b. KIND OF B	USINESS OR
L	Hagerstown	Wash	address) ington Co. I	lospital	ng mast of working life, even if rel <b>Farmer</b>	<u> </u>	2
13 ad	n. USUAL RESIDENCE (Where deceo	sed lived, if institution it	Residence before 13c CIT	l vec C	E CITY LIM: TS? 13e STREET AND NUM!	BER	
	m ssion) STATE Maryland	13b COUNTY Washin		LECOMI	A RIG.		
14	FATHER'S NAME First	Middle	Last	IS MOTHER'S MAIDEN NA		idle	Last
17	william  o was deceased ever in U.S. ARM	G.	Martin SOCIAL SECUR TY NO	17. INFORMANT	Martha	Ha.	rtle
10	Yes_na, or unknown) (If yes give v	and the state of t	20-34-0706				4
-				Mrs. Carrie	L. Martin, Hager	AMPROXIM	ATE INTERVAL
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA			1 + 6.	0		SET AND DEATH
	MI SK ST	ATE CAUSE (a) Lar	PONSEQUENCE DE	A	1		
L	Conditions, if any, which gave t	1 (),4	1	- Carl	man la dis	5	ys.
П	rise to immediate cause (o). stating the underlying cause(	2111 50 00 10 1		) 1	100000000000000000000000000000000000000		1
ı	last	(Cer	0 0 10	vor. Pori		60	Syn.
	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEAS	E OR CONDIT ON GIVEN IN PART 1(a)		U
8							
CCDTISICATEME	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERFORMED		CALISES OF DEATHS	DINGS CONSIDERED IN CEI	RTIFYING
DTIE					10 🖂		
		TH HOUR A.M. M	URY 2'	c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or I	Part 2, Item 18.)	
MSD ICAL	(If either, natify medical exomi	iner) P.M.	19	C LOCATION C	D. D	r	Ch-h-
*	While T Not while T	PLACE OF INJURY (AT H	CE BUILDING ETC.	If. LOCATION Street at R.F.	D Na. City or Town	Caunty	State
	IOI WORK OF WORK	us hospital) attack	d the deceased from	7-1	10 58 to 3-1-	10 69 that	(1) (um) 1
	saw the deceased a	ilive an2	-28 19 69	and that in (my) (aur	19 <u>58</u> , ta <u>3-1-</u> ) apinian death accurred an t	the date and havr a	nd from the
	causes stated above	e, (I) <del>(wc) (did)</del> (did	nat) view the bady a	ter death.	7		
	22b. SIGNATURE	1 31		ATTENDING (*	MED. STAFF	22c. DATE SIGNED	
	Charles	T. Hens		DEGREE PHYS. LL	MED. DIRECTOR D STAFF DIRECTOR	3-1-69	_
	22d. PHYSICIAN'S NAME (Type) Char	cles F. Hes	s. M.D.	22e. ADDRESS	Smithsburg, Mary	land 21783	
20		DATE	23c. NAME OF CEMETER		23d LOCATION (City or Town		(State)
73	DEMONA (C 6-)	H- 4- 69					'
24	FUNERAL DIRECTOR		ADDRESS		Beaver Creek EC'D BY REGISTRAR 25b REGI	STRAR'S SIGNATURE	
LJ	ohn H. Bast. Jr	. 112 N. M	ain St. Boor			Lunden Ysia	S.C.

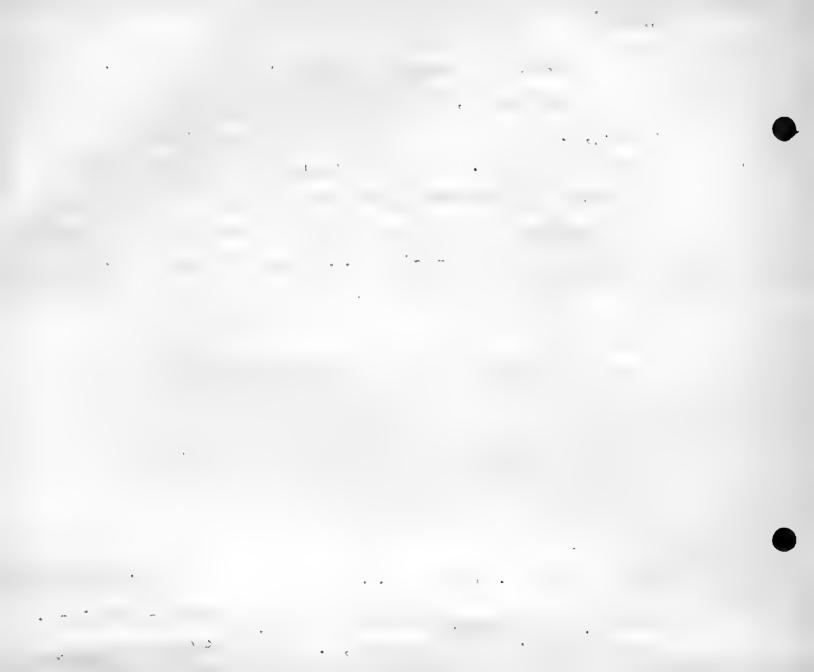
MAKTLAND STATE DEPARTMENT OF HEALTH



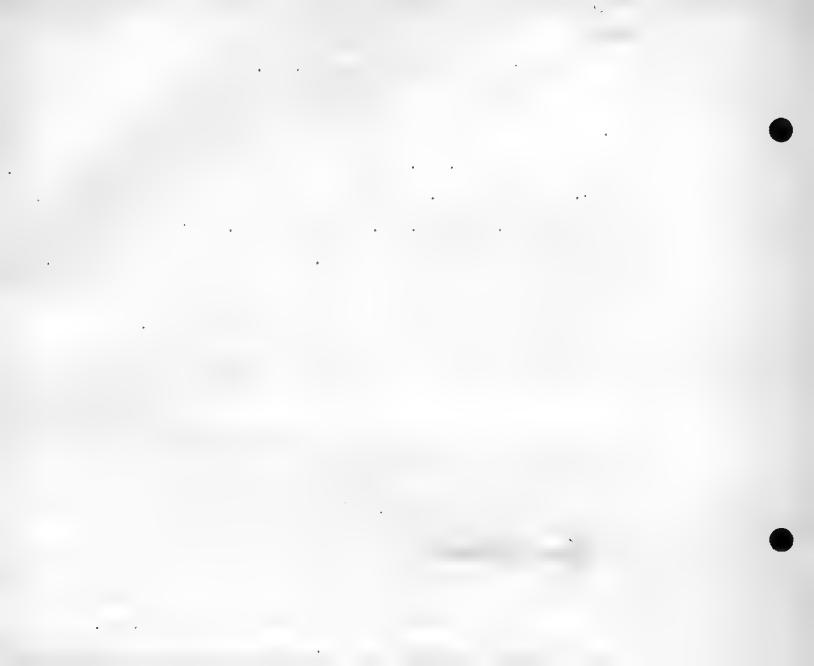
1 11				TE DEPARTMENT OF H		
4		84592 DIVISIO	N OF VITAL RECORDS, 301 W			04585
FOR STATE		0.100%	MEDICAL EXAMIN	IER'S CERTIFICATE O	OF DEATH	
HEALTH DEPT.		CEASED NAME Firs  YPE or Print) GUY	ALLEN M ddle	McKEE Loss	20 DATE KNOWN MO OF ESTI- DEATH MATED MATE	RCH 8 169 207 HOUF 5
times.	3 S	X 4 RACE WHITE		AGE (In years IF UNDER I YEAR MONTHS DAYS YRS	HOURS MIN MONTH Day	Yeor 1969 7 13 M
J. 2, 1, 2, or prirring Physics Depart		RIHPLACE (State or foreign	76 CIT.ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR WIDOWED DIVORE	5.7 A CITTATORON	Md
ter deoth Give Poges ong with far th the Stote		TY OR TOWN OF DEATH	II NAME OF HOSPITAL OF GIVEN BY THE PROPERTY OF THE PROPERTY O	INSTITUTION (If not in hospital	120 LSLA. OCCUPATION (Kind of work do	ne 12b K ND OF BUSINESS OR
	130	LSLAL RESIDENCE (Where deceo	sed I ved, if institution Residence bet 13b. CWASHINGTON	ore 13c CITY OR TOWN 13d I	MSDE CITY LIM 15? 13e STREET AND NUMBER (FS X) NO   785 HAMIL	
hours tem 18	-	ATHER S NAME First	Middle Lo			
		IRA	L. McKEE		PHOEBE B.	BAKER lost
n pencil in the pencil in the lixer miner's Carlotte File pages 172 hours at 172 ho	160 (1	MAS DECEASED EVER IN U.S. ARMED  LINKHOWA)  WILLIAM	FORCES? 166 SOCIAL SECURITY 214-09-			AGERSTOWN MD.
- C - L		18. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and	(c) )		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s certificate should be executed by writing the word perdung in forwarded to the Chief Medical I used as a buriol-transit permit.		PART I. DEATH WAS CAUSE	D BY. ATE CAUSE (0) Buhyus	e abclommul	aportic ancuyou	~ 45 bours
e execut pemding ef Medic isit perm		4127	DUE TO, OR AS A CONSEQUENCE	OF		
should be e ne word 'per to the Chief I buriol-transit		Conditions, if ony, which gove rise to immediate couse (a).	1 6) Hyperter	sur Gulla	i vincular Deser	ne 10-157.
ord ord e Ci		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF		
sho e w in o		12 Di	(c)			
o b			DITIONS CONTRIBUTING TO DEATH BUT A	OT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART 1(0)	
certificate should writing the word warded to the Cl wards on buriol-tr sed os o buriol-tr	- E	0,2011	1 pho solusi			
This certificate should be tote, writing the word 'p be forwarded to the Chief I be used os a buriol-transion removal, and in any every	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WAS PERFORM	R WH (H OPERATION		20 AUTOPSY?
This ope for the form	E E				<u>.</u>	YES NO
	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF NJURY Month, Doy, 'HOUR A.M. P.M.	9 21c HOW INJURY OCCU	IRRED (Enter nature of injury in Port 1 or Port	2, ftem 1B)
3 ± ± ± to	ME	21d INJURY OCCURRED 21e	PLACE OF INJURY (At home, form, stree octory, office building, etc.)	t, 21f. LOCATION Street or	R F.D. No. City or Town	County State
CO 5 00 7 2 .		AT WORK AT WORK				
AL Xxe or fo fo rrio			taak chorge of the remains descr			
ose e rector ined RECT to bu		death resulted fram:	Notural causes 🖳 Acad	ent 🔲, Suicide 🔲, I	Homicide 🔲, Undetermined man	ner
pleose e director retained DIRECT or to bu		ACTUAL C	C. Cal		MEDICAL EXAMINER	
TY. Y. Italian		SIGNATURE CLASS	WE WATER	70, 0	_7	ATE SIGNED
DEPU Fressor e fune may b FUNE solth	L	EXAMINER'S NAME (Type)	WARD W. DITTO, II	ADDRE	Y MEDICAL EXAMINER 217 H ESS(Street, city, town, or county) HAGER	WASHINGTON ST.
5 5 ± 5 ±			DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stole)
	_			AR_LAWN_MEM		WN WASH. MD.
VO AVENE (C. D. O.	24.	FUNERAL D RECTOR	A Clare of AD			ARS S GNATURE
10M REV 1/68	U	1. J. Mennen	L rugersie	n /ndi	MAR 1 4 1969	THE PARTY OF THE P



1) 000	1	MARYLAND STATE DEPARTMENT OF HEALTH  O 7, 5, Q 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		04593 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04586
HEALTH DEPT.		ECEASED NAME First Middle Lost 2a DATE KNOWN ☐ Month	Day Year 2b HOUR
of de o	(	(ype or Print) Kathryn Mildred Mc Nairn DEATH MATED 3	28 1969 7 PM
7, and 3 to PM3 Page	3 5	X 4 RACE 5 DATE OF BIRTH 6 AGE (In yours   F JNDER 1 YEAR IF JNDER 24 MRS 2c DATE PRONOUNCED DEAD	2d HOUR
Page ( )		temale White April 22,1902 66 YRS	Year 1968 335 M
e 2 - E		BIRTHPLACE (State or fore gn 75 CITIZEN OF WHAT COLINTRY? 8 MARRIED ■ NEVER MARRIED ■ 9. COUNTY OF DEATH	
form form	14	Try)  Carspring (4d USA WIDOWED DIVORCED Washington  ITY OR TOWN OF DEATH I NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done	Md
Po Po		g ve street address)  NR. BROOKLANE PS VCHIATRICE HOURS TO MENT ON (KING OF WORK done)  NR. BROOKLANE PS VCHIATRICE HOURS TO MENT OF THE PROPERTY OF THE PROPE	12b KIND OF BUSINESS OR INDUSTRY Own Home
Give ang th th		USUAL RESIDENCE (Where deceased lived, if not fultion: Residence before 13c CITY OR TOWN 13d INS.DE CITY LIMITS? 13e STREET AND NUMBER	Own Home
s offer 18 Giv e along deoth.		I'm ssim) STATE and 136 COUNTY Washington Hegerstown YES TO NO [ 465 Pangborn	Blud
hours offer deoth Item 18 Give Poges 1, Office along with form 1 and 2 with the State De		ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Łast
24 h	L	Archibald non Mc Nairn Emma Hivland	Suffeceel
w thin 24 pencil in caminer's caminer's ile mages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  165 SOCIAL SECURITY NO  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. INFORMANT  18. INFORMANT  19. INFORMANT  1	1
be executed within "pending in pencil lief Medical Examine insit permit. File ##\$  event within 72 hou			APPROXIMATE INTERVAL
be executed 'pending in hief Medicol E. onsit permit. E event within		18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b) ond (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
Medin Medin Medin		MMEDIATE CAUSE (a) 1 OLD IL CLIS  1 1 0 4 DUE TO, OR AS A CONSEQUENCE OF	Invid.
be e lief		Conditions, it and, which gove	
should be word by the Ch		rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF	
should be e te word "per o the Chief ! buriol-transit		lost (c)	
2 = ± = 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TON GIVEN N PART I(0)	
rtifica riting vordee id a	NO.	Offiter is sclere to Heart Disease, Morled.	20. AUTOPSY?
e, writife, writiforwor	CERTIFICATION	WAS PERFORMED?	YES - NO
This ficote, be for an erect or ref		2 o EXTERNAL CAUSE WAS 2 b. T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Port 2,	Item 18)
XAMINER: To the the certificate 4 should by your files. loge 3 should cremation, or	SE	PRIMARY TOR CONTRIBUTING HOURAM: 3-26-1969 Fell au stream - Woulding	Auby Hospital
MIN the the the trial trial	MED	21d INJURY OCCURRED  21e PLACE OF IN.JRY (At home, form, street, foctory, office building, etc.)  21f cOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: ute the cert age 4 shoul r your files Toge 3 shou		AT WORK LIAT WORK LI FATUR LETTERS OVER TROTAL	ash. Md-
AL for Paris		22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inspection Inquiry	_
please of director retorned		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manne	
P_ 2_ 2_ 6		ACTUAL SCHOOL W DIHO THE CHEF MEDICAL EXAMINER 226. DAY	'E SIGNED
ory, nerol be ELAI		DEPUTY MEDICAL EXAMINER TO CASC IN	7-31-69
necessary, p the funerol 5 moy be n In FINEMAL Health price		HAME (1998) LEWING IT STATES ADDRESS; May, OWN, O' COUNTY HAGERST	WASHINGTON ST.
07 点表 2 直 具	230	BURIAL, CREMATUM, 230 DATE 23C NAME OF CEMETERY OR CREMATURY 23G. LOCATION (CITY OF TOWN)	(County) (Stote)
	24	Kurial 4/1/69 Rest Haven Cemetery Magerstown-Wass	ungton-Md
VR ATSME (5)		FUNERAL DIRECTOR Class Change Hagenstown Md DAPR 3 1969 Critical	







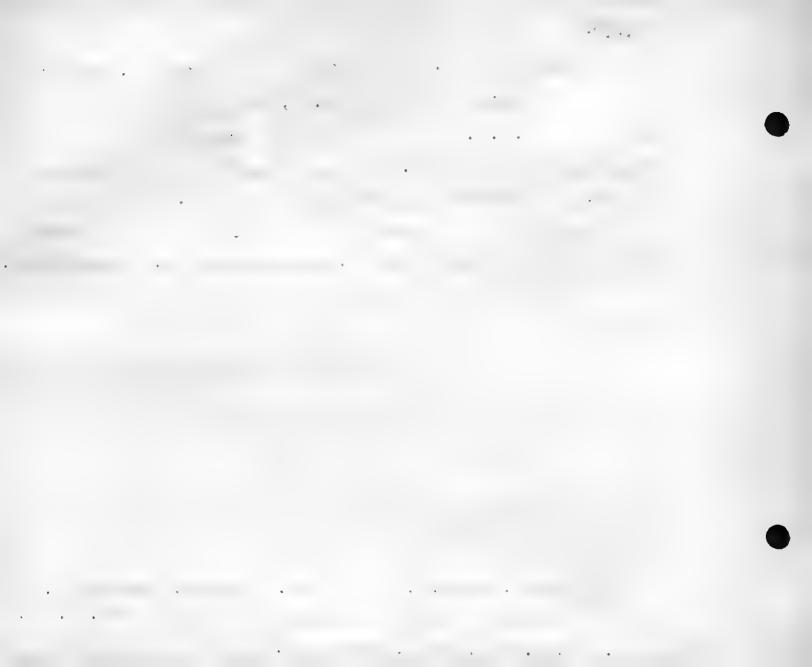
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75		04597	DIAISION OF ALLYE KECOL	RDS, 301 W. PRESTON STRE CERTIFICATE OF D		RYLAND 21201	0459	0
deoth		CEASED NAME Firs	ELLA Middle	MOUDY	20. DATE OF 3	DEATH Anonth 4 Doy	69 Year	26 HOUR
hours after death n by the tunecal rs. Pages, France hours after death	3. SE	FEMALE	4 RACE WHITE	S DATE OF BIRT	,1883	6 AGE (in years 85 birthday) 7RS.	IF UNDER I YEAR MONTHS DAYS	IF JNDER 24 HRS. HOURS MIN
A hours after in by the family pers. Pogés, 72 hours after	cour	IRTHPLACE (Stote or foreign try) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWED DIVORCE	Ð □ WASH	INGTON		Md
icate be executed within 24 horision and completely filled in please remove corbon papers. It and in any event, within 72 h	ΗA	ITY OR TOWN OF DEATH GERSTOWN	WAR Stell both 1821		during most of Most Ed	WY FE If retired)	125 KIND OF B INDUSTRY	USINESS OR
complet ove cor	odm	ssian) STATE MD	osed lived, if institution: Residence b	ON WILLIAMSPOP	#1□ NO□ RU	REET AND NUMBER		
tate be exe sicion ond co olease remo		ATHER'S NAME First CALEB	FOR		DEN NAME First	Middle	SHI	VES
physicion (physicion or physicion or please oval, and i	160. Y	, NO	e WHF OF dates of service) 216.46	.0058 AGNES L	MOUDY RU	Address RAL 2 WIL	LIAMSP	MD. PORT
requires that the death certificate be executed physician.  signed by the attending physician and comple buriol-transit permit. Then please remove cost buriol, cremation, or removal, and in any even		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	, ( (b)	CE OF	Sty less  Stypesters  Disease OR CONDITION GIVE	Success III	BETWEEN DIS	SET AND DEATH
e low tending is beer os the prior t	CERTIFICATION		b. CONDITION FOR WHICH OPERATION W	YES _	NO CAUSE	F YES, WERE FINDINGS CO S OF DEATH?		RTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLY.  DR CONTRIBUTING CAUSE OF DE (If either, notify medical exom 21d. INJURY OCCURRED 21d. WAS UNDERLY.	ATH HOUR A.M., Month Dov	Year 19	RRED (Enter noture of injutor R.F.D. No. City	er Tawn	County	State
OR ATTENDING be retained by the Signal of the Stote of with the Stote of the Stote		at work at work	this hospital) ottended the de alive, an we (1) (we) (did) (did nat) view		, 19 68, to 10 (our) opinion death	STAFF C	DATE SIGNED	69
TO HOSPITAL Poge 4 moy TO FUNERAL I Greator, pog Should be file	8		3.7.69 RIVE	ER VIEW  DRESS  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23d LOCATI	ON (City or Town)	(County)	(State)



						MARYLAND STATE DEPARTMENT OF HEAL	.TH	
,	Alara	. 1			01100	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE, MARYLAND 21201	_
					04598	CERTIFICATE OF DEATH		04591
	£	±2-			CEASED-NAME First	Middle Lost 20.	DATE OF DEATH	2b. HOUR
	dea	funeral Trand 2 Tr death.		(1	ype or print) Nera	Elizebeth Newkirk	March Doy	1969
	ter	_>,⊂		3. SE	X	4 RACE S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF JADER 24 HRS.
	saf	Siges Tr			Female	White April 1, 189	7 71 YRS.	NIM CHAID DATA HOURS MIN
	JODI	- S-0-2.		7o 8	IRTHPLACE (Stote or foreign	76. CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. CO	UNTY OF DEATH	
U	within 24 haurs after death	filled in 1 papers. hin 72 hc			Big Spring	Md. U.S.A. WIDOWED DIVORCED	Washington	Co. Md.
	=	ily filled in son paper within 72		10, 0	TY OR TOWN OF DEATH	13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital distinguished dis	UPATION (Kind of work done	125 KIND OF BUSINESS OR INDUSTRY
	With M	and campletely fremave carbon n any event, with	3 d	ŀ	lagerstewn, l	give street oddress during most of Hasp Hame during most of Hame during most of Hame during most of Hame dived, if astitution. Residence before 13c CITY OR TOWN 13d. INSUFFICITY LIMITS?	working life, even if retired.)	House work
	28	umplete ve cart event,	f .	13o admi	USUAL RESIDENCE (Where deceo: ssion) STATE .	d lived, if institution. Residence before 13c CITY OR TOWN 13d, INSUSECITY LIMITS?	13e STREET AND NUMBER	
(	I secured	carr ave	1		aryland	Masurusa ou roresia solanis	None	
. /		the attending physician and isit permit Then please remnation, or remayal, and in an		14 1	ATHER'S NAME First	Middle Lost IS MOTHER'S MAIDEN NAME First	Middle	Lost
	م. م	an (	1	1/-	Tunis WAS DECEASED EVER IN U.S. ARI	Ellis Newkirk Preston  D FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT	Virginia Address	Tice
	ficat	ysici ple I, a		100 Y	es, no, ar unknown)   (If yes give v	or dates of service)		a
	ertil	ph)		H		one 220-18.3393 Miss Nellie N	ewkirk Clea	r Spring MD
	£	ding Tem			18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	ane couse per line for (a), (b), and (c).) BY.		BETWEEN ONSET AND DEATH
	qea	tend rmit			/ F IMMEDI			3 months
	the	e at per			Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF Annular Carcinoma of the s	eigmoid colon	unknown
	to.	, th insit			nse to immediate cause (o).	(b) DUE TO, OR AS A CONSEQUENCE OF	rigitiola coloit	dikiowii
	s th				stating the underlying cause last.	DUE TO, OK AS A CONSEQUENCE OF		
	uire	signed By the burial-transit burial, cremat				ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be a retained by the based or attending physician	rificate has been signed By the attending physician and conficate has been signed By the attending physician and configurations as the burial-transit permit. Then please remained the other priarts burial, crematian, or remaval, and in any			Carcinoma	ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT f the left breast	TOO OTTEN IN TIME IQUI	
	law pdir	cate has been ar use as the Health priar to		FICATION	19a. DATE OF OPERATION 19b.	ONDIT ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?	205. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
	The	has he a		1 E	01/28/69	arcinoma of the Colon YES NO X	CAUSES OF DEATH?	
	= = =	ate r us	305-4	CERT	216. ACCIDENT WAS UNDERLYIN		re of injury in Part 1 or Part 2, Ite	em 18.)
	S S	affici f T		MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Doy Year P.M. 19		
	IXS	fter this certif be detached State Dept. af		ME	21d INTURY OCCURRED 21e	LACE OF INJURY (AT HOME, FARM, STREET FACTORY) 23f LOCATION Street or R.F.D No.	City or Town	County State
	<u>a</u>	this leta			While Not while ot work of work		02/00/00	
	2 ×	frer be c			22a. I certify that (I) (th	haspital) attended the deceased from 12/13/68 19	, to <u>03/09/69</u> , 19_	, that (I) (wxpdast
	END P	A Plant			saw the deceased a	ve on	death occurred on the date	e and havr and fram the
4	E di	# # # # # # # # # # # # # # # # # # #			22b. SIGNATURE	(i) (NO) (alia) (NO) Year the bady direct death.	22r. D:	ATE SIGNED
	28.	d w	1		Kuh: (	John DEGREE PHYS MED.	OR STAFF	ATE SIGNED / 69
		L D	1		22d. PHYSICIAN'S			1777
	FI a	ERA			NAME (Type) Archi	Robert Cohen, M.D. 224. ADD Clear Spi	cing, Maryland 2	
	TO HOSPITAL	TO FUNERAL DIRECTOR: After this certificate has been signed If director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, crei		230	BURIAL, CREMATION, 23b	ATE 23c. NAME OF CEMETERY OR CREMATORY 23d	LOCATION (City or Town)	(County) (Stote)
	2	<b>5</b> - je - g			REMOVAL (Specify)	12/69 Rese Hill Cem. C	lear Spring	Wash Md.
	•	VR A15	20	245	FUNERAL DIRECTOR	ADDRESS 2So REC'D BY REG		
		30M REV.	PF)	1	angeret 10	wland, Clear Spring, Md DAIFMAR 1	7 1969 TClime	Pan Judge .
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	1	04600	MARTIAN DIVISION OF VITAL RECORDS,	D SIAIF DEPARTM			
	It		n from birth certi	CERTIFICATE OF	DEATH	E, MARTLAND ZIZUI	04593
er death.		ECEASED NAME (Type or print) BAB	Y B CV	Pease	2c.	DATE OF DEATH  Month  Day  March  21	Year S55 M
by the fun	3. S		4. RACE	S. DATE OF BI	21-69	6, AGE (In years	FUNDER I YEAR F JINDER 24 HRS ONTHS DAYS HOURS MIN.
I haurs in by Pers. Pou	7a. cou	BIRTHPLACE (State or foreign norm)  Than lan 2	76 CIT.ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	KKIED	NAShmaton	County Md
exercised within 24 haurs after death, and completely filled in by the funeral remaye carbon papers. Pages 1 and 2 n any event, within 72 hour after death.	10.	Hagerstown	11 NAME OF HOSPITAL OR IN		12n USUAL OCCU	JPATION (Kind of work done working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY
omplet ve car	13a adm	USUAL RESIDENCE (Where deceases sistent). STATE	sed lived, if institution Residence before	13c CITY OR TOWN Hager town	YES NO NO	13e STREET AND NUMBER 633 S. Poto	mac Street
and co	14	FATHER'S NAME First	Middle Lost Lee Hall	15. MOTHER S MA	AIDEN NAME First Joan	Middle Darlene	Lost Pease
ertificate be physican a physican a pen please i avai and in	160	WAS DECEASED EVER IN U.S. ARN		NO. 17. INFORMANT	onall	Address	1 Fane
in the death c the attending isit permit. The matian, ar rem		PART 1. DEATH WAS CAUSED IMMEDIA Canditions, it any, which gove trise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	touty		ON GIVEN IN PART I(o)	APPACKAMATE INTERVAL BETWEEN DAST AND DEATH
AN: The law re at an at a transfing cate has been or use as the Health priar to	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	CONDITION FOR WHICH OPERATION WAS PE	YES [	NO 🕒	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH? e of injury in Port 3 or Port 2, 11e	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burnal-transhauld billing with the State Dilipt. af Health priar ta burnal, creating the state Dilipt.	MEDICAL	While Not while of work Not certify that (I) (the saw the deceased of	PLACE OF INJURY (AT HOME FARM STREET, FA OFFICE BUILDING, ETC  Is haspital) attended the decease live an 2 VI	ed from 5 PM	21 1/14	· ·	County State  1, that (I) (we) lost and hour and from the
FITAL OR ATTI		22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	od Afras	DEGREE ATTENDIT	DIRECTO	□ SIAH □ L · ·	TE SIGNED March 1969
TO HOS Page 4 TO FUN directe	RE		26-69 WASHINGT	CEMETERY OR CREMATORY	SPITAL H	AGERSTOWN, MARY	
VR A15 (4) 30M REV. 1/68	294	FUNERAL DIRECTOR	fer, adm. Was		DATAPR 1	strar 256 registrar's si 1969 achievel	



_			STATE DEPARTMENT OF HEA		
122	04602	DIVISION OF VITAL RECORDS, 30		ORE, MARYLAND 21201	04595
17			RTIFICATE OF DEATH		
er death. funeral 1 and 2 er death.	I. DECEASED-NAME First (Type or print) 1.7.4.7.1.			2o. DATE OF DEATH	2b. HOUR
der der der der der	MITT		lips		09 5 M
of the life of the	3 SEX male	4. RACE white	S. DATE OF BIRTH	6 AGE (In years	F JNDER I YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MAN.
Si tale			7-24-1931	7 N.J.	
hod sold	7a BIRTHP ACE (State or foreign country) Md .		HIGHER STEAM WALKED	COUNTY OF DEATH	
in 24 filled i pape bin 77	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTIT		Washington	Md.
equires that the death certificate be executed within 24 haurs after death physician. Signed by the attending physician and campletely filled in 557 the funeral bur al-transit permit. Then please remave carbon papes. Roges I and 2 buriat, crematian, ar remaval, and in any event, within 77 hours after death	Hagerstown	cuve street address)	lospital Super	OCCUPATION (Kind of work done of working life even if retired)	12b. Kind of Business or INDUSTRY Truck Mfg.
executed within and completely fremave carban any event, with	13a USUAL RESIDENCE (Where decease	11 1 5 11 2 11 11 11	3c CITY OR TOWN 13d, INSIDE CITY LIMITS		much mg.
executed cample any even	admission) STATE Md.	13b. COUNTY Wash. Ha	gerstown YES 🛣 NO	836 Kenly	Ave.
a a substantial su	14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME First	<del></del>	Last
	Wilbu	r M. Phillips	Della A. R	eed	
e death certificate b' attending physician ermit. Then please an, ar remaval, and i	16g. WAS DECEASED EVER IN U.S. ARI	MED FORCES? .6b. SOCIAL SECURITY NO	17. INFORMANT	Address	
ntific shys	yes Kore	vor or dates of service) 217-18-15	50 Jean Phillip:	s Hagerstow	n. Md.
ng l	18 CAUSE OF DEATH (Enter an	ly one cause per I ne far (a), (b), and (c))			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ne death attendii permit. ian, ar re	PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	ramy Thron	ulrosis	9 hr
atte perr	4104	DUE TO, OR AS A CONSEQUENCE OF			
the the matic	Conditions, if any, which gave trise to immediate cause (o),	(b)			
than train cre	stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
equires that th physician. signed by the bur al-transit burnat, cremati	last.	(c)			
requires that the death certificate g physician. signed by the attending physician e bur al-transit permir. Then pleas a buriar, crematian, ar remaval, and	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
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돈 5 년 3년 /	19a. DATE OF OPERATION 19b.	COMMISSION WHICH OF EXHIBIT WASTERS	YES NO	CAUSES OF DEATH?	DASIDERED IN CERTIFFING
ilCIAN: The spiral ar att rificate has de far use a full falth p		IG 21b. TIME OF INJURY	21c HOW INJURY OCCURRED (Enter no	nture of injury in Part 1 or Part 2,	tem 18.)
CIA tific all far afficial for the far afficial for	OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M Manth Day Year ner) P.M. 19			
hasp cer che che		PLACE OF INJURY (AT HOME, FARM, STREET FACTOR OFFICE BUILDING, ETC.	(Y,) 21f LOCATION Street or R.F.D. No	City or Town	Caunty State
this the De De	While Not while at work	a cities admitted, the	0//	2/1.	_
INC by 1 ffer be o		is hospital) attended the deceased	from 3/6/69, 19	_, to _2/6/64, 19.	, that (I) (we) lost
END ned R: A uld the 3	sow the deceosed o couses stated obove		, and that in (my) (our) opinion	on death occurred on the do	te and hour and from the
ATT Shair ith i	22b SIGNATURE	to O and the o	^	220	DATE SIGNED
OR De re	Koha	AV4 Campbel	DEGREE PHYS DIRE	STAFF C	3/7/69
AL D	22d PHYSIC ANS		22e ADDRESS	- 4 7-	
SPIT 4 m IER/	NAME (Type) Kob	ERI CAMPbe	II HAG	ERS/OWY	ml
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u shauld be filed with the State Dept. af Healt	230 BURIAL, CREMATION, 23b.		-	3d LOCATION (City or Town)	(County) (State)
55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			aven Cemetery I	Hagerstown, M	d.
VR ALSO	24. FUNERAL DIRECTOR	ADDRESS	town Md DAJE MAR		
45M - 1/89	Minnich Fune	rai Home Hagers	town, Md. DATE MAN	10 1000	



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- 1		04603	DIVISION OF VITAL RECORDS		STON STREET, BALT TE OF DEATH	TIMORE, MARYLAND		596	
uloan Jah	1 D	ECEASED-NAME First	Middle	CLIVITITO	Lost	20 DATE OF DEATH	0 4	1030	- 11011D
		(voe or print)		T		Moni	th Day	Year	2b HOUR
	3. 5	ALLA	N WERTER	RAMS	A Y . DATE OF BIRTH	March 7		IF UNDER 1 YEAR I F	2 A M
				3		last bi	rthday) M		HOURS MIN
	70 1	BIRTHPLACE (Stote or foreign	White 7b CITIZEN OF WHAT COUNTRY?	I B	March 22	1902 66	YRS.		
	con	Virginia  THY OR TOWN OF DEATH		WIDOWED W	NEVER MARRIED	9 COUNTY OF DEATH			
	10 (	VIFGINIA RTY OR TOWN OF DEATH	U.S.A.			Washings  JAL OCCUPATION (Kind of	on	10 kun 00 m	Md.
	10.	Hagerstwon	give sheet address)	1 . ++	during m	post of working life, even Navy Yard	wark done if retired )	17P KIND OF B	SINESS OR
	130		ed lived, if institution: Residence befor	ITY HO	SPITAL SOURCETY	Navy Yard	Inches Co.	Retir	ed
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	'		_	12. 1					Last
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		N O			s Violet	K. Ramsay	1028	SO POT	omac
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		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE C	F. O	11/10	0		21,	
i		rise to immediate cause (a),	(b) AS A CONCENTRAL OF	is m	elleus			1 77	7
		storing the underlying couse	DUE TO, OR AS A CONSEQUENCE O	r					
		PART 2 OTHER SIGNIFICANT CON	OTTIONS CONTRIBUTING TO DEATH B IT	NOT PELATED TO T	HE TEDMINAL DISCASE OF	CONDITION CIVEN IN PART	1/-1		
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	JEICA				YES NO ["	CALICES OF DEATH		ODERED III CERE	11 1740
		210. ACCIDENT WAS UNDERLYING		21c HOW	(	er nature of injury in Part	1 or Part 2 Ite	m 18.)	
	WEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Yea	ır	(	2.7 2   10.1			
	FE	O) BUILDING OCCUPACE DA	PLACE OF INJURY (AT HOME FARM, STREET, I	ACTORY, 211 LOCA	TION Street ar R.F.D. Na	City or Town		County	State
		at work of work						,	
		220. I certify that (i) (this	s haspital) attended the decea	sed from. /2	e-6-1 19c	9 to Marca	196	9 that ()	) (mat-last
		saw the deceased all	s hospitol) attended the decea ve on March 7 (I) (we) (did) (did not) view the	19 69, ond t	hot in (my) ( <del>our)</del> ap	inion deoth occurred	on the dote	ond hour an	d from the
		causes stated above,	(I) (auc) (did not) view the	body ofter dec	oth.				
		226 SIGNATURE	i ha	111	ATTENDING 16	MED STAFF	22c DA	TE S GNED	9
			. Il wan	DE GREE	PHYS D	MED STAFF DIRECTOR PHYS		3/1/6	
		22d. PHYSICIAN'S NAME (Type)			220. ADDRESS	h/arhin as	In Si	- Hari 7	mo
	22.	OUDIA (DENITION 20/ 5	ATT TOO HOUSE	r drugger on	2,0,0,1	Tee	VICTA.	- June	mm 114
j	230	BURIAL, (REMATION, REMOVAL (Specify) 3		F CEMETERY OR CR		23d LOCATION (City or	,	, ,,	(State)
ا		FUNERAL DIRECTOR H ag	/10/69 Rose erstown Md ADDRES	S C	emetery	Hagerstow	REGISTRADE SI	n Co Mi	d
			ffman Funeral		250MARE	1 1 3 1 1969 25b	THE PROPERTY OF	of tradai	,

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04598 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Erst Muddie 20. DATE KNOWN 109 Y 2b HOUR (Type or Print) OF ESTI-8-30 17M MATGARET KOCHENDERFER PEADY 3 3 5EX 4 RACE JE JINDER I YEAR OF JINDER 24 HRS S DATE OF BIRTH 6 AGE fin years 2c DATE PRONOUNCED DEAD 2d. HOUR FEMALE DECEMBER 29.06 WHITE 7a BIRTHP\_ACE (State or foreign 76. C T.ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [X] U.S.A. DIVORCED F WASHINGTON 10. CITY OR TOWN OF DEATH 1. NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a LSJA, OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR 117 N COLONIAL DR. during most of work natife, even if retired.) EDUCATION HA ERSTOWN 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY WABHINGTON HA JEE STOWN YES NO 🗀 117 N COLONIAL DP. 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last MARY JAMES KOCHENDERFER CRATU hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yeş\_na, ar unknown) 219-36-3701 MARTHA KOCHENDERFER, CHARLESTOWN. within APPROX MATE INTERVA This certificate shauld be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ( order as IMMEDIATE CAUSE (a). Lucuson DUE TO, OR AS, A CONSEQUENCE OF burial-transit Conditions, if any, which gave nse ta immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause calace PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 0 cocinina ancuer ar removal. 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? he certificate, YES - NO should be 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street at R.F.D. Na City or Town County State AT WORK AT WORK factory, office building, etc.) 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection -Inquiry . and in my apin an Natural causes Accident Suicide death resulted fram Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED the funerol ASSISTANT MEDICAL EXAMINER SIGNATURE E. W. DITTO, III DEPUTY MEDICAL EXAMINER A NAME (Type) 215 W WASHINGTON ST. HALESTOWN. MD. ADDRESS(Street, city, town, or county) BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Spec fy) 3/4/69 ROSE HILL CEMETERY HAJE STOWN WASHIN TON . 24 FUNERAL DIRECTOR VR A15ME (5) HAJERSTOWN. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

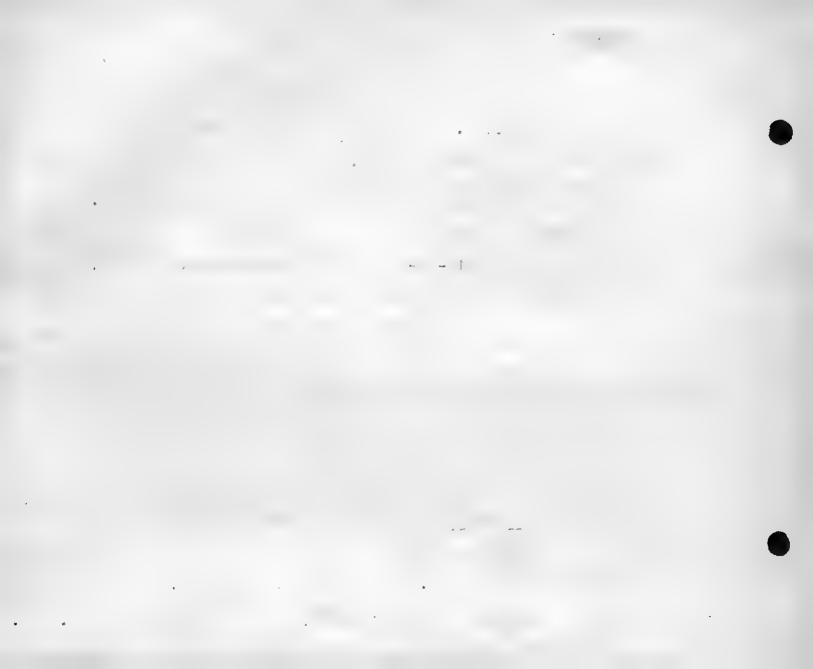


			301 W. PRESTON STREET, BALT		
T	04606		CERTIFICATE OF DEATH		04599
leath. erol and 2 leoth	1 DECEASED-NAME First (Type or print) Enum	Middle a (none)	Lost Reed	2a. DATE OF DEATH  March  March  Manth	25 HOUR P 1:49 M
4 hours after death. I in by the funeral Brs. Pages I and 2 7 hours after death	3. SEX Female	4. RACE White	S. DATE OF BIRTH 7/16/88	6. AGE (In years last birthday) 8 0 YRS.	IF UNDER YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
in by	70 BIRTHPLACE (State or fore ga country) Pennsylvania	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH WASHINGTON	Md
Arthin 2	HAGERSTOWN	11 NAME OF HOSPITAL OR IN: give street oddress) WESTERN MD. S	TATE HOSPITAL	At OCCUPATION (Kind of work dane ast of working ife even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
omplete omplete event,	13c USUAL RESIDENCE (Where decease admission) STATE Marylan c	d lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	
and con fin any lin any	14. FATHER'S NAME First William	Middle Last C. Craig	15 MOTHER S MAIDEN NAME Emil	1.4	Etter
rificote hysiciai pleas vol, and	16a WAS DECEASED EVER IN U.S. ARMI Yes, na, ar unknown) (If yes give wo	D FORCES? r or dotes of service) 214-09-05		Potomac St. Hage	rstown, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeruted within 24 hours after death Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriof-tronsit permit. Then please remove corbin pagers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	PART I. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave) rise to immediate cause (a).	The cause per line for (a), (b), and (c) BY: E CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	Theusenia G	ma of the Lieur	APPROXIMATE INTERVAL BETWEEN ONSET AND GRATH LCAL H 8 PLLS
The law requires the ottending physician. hos been signed by se os the buriol-tror the prior to burial, cre		(a) Carci	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	7 Months
The law ottendir hos bee se os the horort	190 DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?  YES  NO	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ICIAN: outal or rifficote d far u	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Doy Year er) P.M. 1	9	er nature of injury in Part 1 or Part 2,	Item 18.)
b PHYS he host this cel detache e Dept.	21d INJURY OCCURRED 21e. I	PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING ETC.	CTORY,) 21f LOCATION Street at RFD No.		County State
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the Stote Dept. of Healt	22a. I certify that (I) (skii saw the deceased al causes stated abave	chaspital) attended the deceasive an March 18 (I) (www.) (did) (did/wat) view the	ed fram Nov. 26 , 19 1969 , and that in (my) (50f) ap bady after death.	68 , to <u>March 18</u> 19 inian death accurred an the d	) <u>69</u> , that ()) (We) last ate and haur and fram the
OR AT be retail DIRECTO	226. SIGNATURE Le U	Porcincula	DEGREE PHYS	MED. DIRECTOR D STAFF 50 3.	DATE SIGNED /19/69
O HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fil		. Porciuncula, M.I	1500 Penn	stern Maryland S sylvania Ave., H	agerstown, Md.
TO HC Poge TO Full direc	101111111111111111111111111111111111111		Haven Cemetery	23d LOCATION (City or Town)  Hagerstown-Was BY REGISTRAR 25b REGISTRAR	(County) (State)  hington-Md.  S SIGNATURE
30M REV	Rest Haven Fune	,	stown, Md. DATE MA		many franchis

ALADVIAND CTATE DEDADTRICAL AV HEALTH



. 1	DIV.		301 W. PRESTON STREET, BAL		
9	04607		CERTIFICATE OF DEATH	IIMORE, MARTLAND 21201	4600
death.	1 DECEASED NAME (Type or print) EDITH	MAE Middle	RHODES	MARCH Monte 20 Doy	1969 8:38 M
s after	FEMA LE	RACE WHITE	S DATE OF BIRTH /18	6 AGE (la yeors lost by mbay)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS AIN
14 hours	70. BIRTHPLACE (State or foreign 7b County ST VIRGIN IA	TIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED DI	° WASHINGTON	Md
executed within 24 hours after death are completely filled if by the Tuneral emove carban paper. Places and 2 any event, within 72 flours offer death	HAGERS TOWN	11, NAME OF HOSPITAL OR IN	N CO. HOSPITATOS	JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR RESTOARANT
ompleto	30 USUAL RESIDENCE (Where deceosed lived odmission) MATR YLAND 13		,	13e STREET AND NUMBER 10 107 EAST A	VE.
be exe to all c se remo	14 FATHER'S NAME FIRST GEORGE	M dale Lost BANZHOFF	IS. MOTHERS MA DEN NAME	First Middle	POOLE
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely fairector, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with	160 WAS DECEASED EVER N U.S. ARMED FO Yes, no ocunknown) (1 yes givil wor or do	ORCES? 16b. SOC AL SECURITY I	NO .7 INFORMANT	i aa su	RSTOWN MD?
th cert	18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY IMMEDIATE CA				APPROXIMATE NIZEVA. BETWEEN ONSET AND DEATH
ne dec atten permi	4/2/	DUE TO, OR AS A CONSEQUENCE OF			14 hours
that that the by the by the cremat	starting the underlying couse	(b) Hypertensi DUE TO, OR AS A CONSEQUENCE OF	ve and Atheroscle	rotic Heart Diseas	e Unknown
quires physici igned surial-i	PART 2 OTHER SIGNIFICANT CONDITION	(c)	OT RELATED TO THE TERMINAL D SEASE OR	CONDIT ON GIVEN IN PART I(o) Die	betes Mellitus
aw relading I	limbilical Hampie	Recent Partial	Intestinal Obstru	20b. IF YES, WERE FINDINGS C	s
The I atter after after thas I as as Ith pri	RTIFIC		YES MO	CAUSES OF DEATH?	
iclan; pital ar crificate ed for a	G (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M Month Day Year P.M. 19		es nature of injury in Part 1 or Part 2	tem 18)
G PHYS the has this ce detache e Dept.	at work at work	OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC			County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior to burial, cres	22a. I certify that (1) (this ha saw the deceased alive c causes stated above. (1)	spital) attended the decease in May 20 1 (we) (gid) (did not) view the	ed fram Mar 5 , 196 9 <u>69</u> , and that in (my) <del>(var)</del> appady after death.	op , to Mar 20 , 19 inion death accurred on the da	te and hour and fram the
OR AT OR AT OIRECTO	236 SIGNATURE	tyma hot	DEGREE PHYS	MED STAFF 22c.	B/21/69
SPITAL 4 may IERAL I or, pag or, pag	22d Physician's NAME (Type) William 7	Layman, M.D	301 E. Ar	ntietam St.	
70 HO Page 70 FUN direct shaul		22/69 ROSE	CEMETERY OR CREMATORY HILL CEM.	23d LOCAT ON (City or Town) HAGERSTOWN	(County) (State) WASH. MD.
VR A15 (4)	W. J. Herment	Hage Stores	250 REC'D DAMAR	BY REGISTRAR 25b. REGISTRAR S 2 6 1959	



. 1	Ttems 18-22a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH 3-13-69ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		4601
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20. DATE KNOWN Month Day	Year 2b. HOUR
A 15 Page	(Type or Print) Howard Elmer Rice Sr. OF ESTI- DEATH MATED Farch	1 24 / ( ).
a g &	MILLOS WALCH SO 1915 DO ARS	eor 19 6 9 // SM
- C	70 BIRTHPLACE (Stote or foreign Co. 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Washington with	Mc
ofter death  8. G ve Pages 1, olong with form with the State De	Williamsport give street address) during most of working life, even if ret red) INDUST	IND OF BUSINESS OR IRV
de ×	30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odmission) STATE Naryland 3b COUNTY hashington agerstown YES NO 13d MS.DE CITY LIMITS? 13e STREET AND NUMBER 408 W. Prospect State No 12d MS. Prospect State No 1	St.
Thousand The Company of the Company	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Las*
2 5 2 2 2		Barrett
within 24 mondlin Exominal Secondary File poges	(Yes. no. or tynknown) (If yes give wor or doles of service) 220-03-2819 Irs. hary Rice Hagerstown, Kid.	
	PART I DEATH WAS CALSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH  CPOX 1J-
e executive pending ef Medica isst permi	OUE TO, OR AS A CONSEQUENCE OF	o min.
	Conditions, if ony, which gove is to immediate couse (o). (b)  Acute alcoholic intoxication	
e should be executed the word "pending" to the Chief Medical burial-transit permit.	stating the under ying cause   DUE TO, OR AS A CONSEQUENCE OF	
ficate ing t ded os o os o I, on	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a)	
certification of weight of		20. AUTOPSY?
This citote, be for the unit of the unit o	WAS PERFORMED?	YES NO
	FRIMARY SOF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  Scalded by boiling water  PM  Scalded by boiling water	
3 3 7 2 6	The state of this to the state of this to the state of th	nty State Md.
ute ute you you Poge	A PARK CO TO TOTAL CO.	
AL I exec r. Pc l for los: uridi	22a. I certify that I taak charge of the rema ns described above, held an Autapsy Inspection Inquiry	and in my apınıan
leose directo	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ple di di la	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNER MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNER	)
Sory.		69
necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) LOWARD W. DITTO, 111, W.D. ADDRESS(Street, city, town, or county) HAGERSTOWN.	MARYLAND
0 = ≠ ~ 0 ±	23d BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Country Principles of Cedar Lawn Lemorial Park day or stown ./a:	
W	24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REGISTRAR 5 SIGNAL TO 10 1000	Localge
VR A15ME (5) 10M REV 1768	Albert L. Leaf Williamsport Md. DATMAR 10 1969 Formula	0



*	MAKTLAND STATE DEPARTMENT OF HEALTH
<u> </u>	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04602
	04609 CERTIFICATE OF DEATH
7.2	1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
death. neral ond 2 death.	(Type of print) Month Doy Year 1900
	CHARLES   PRESTON   RIDENOUR   March 10 1969   12 M
	Inst buthday) MONTHS MAS HOURS MAS
- C S	country) MAKKIEU N NEVER MAKKIEU
in 24 Min 124 Min 72 hin 72 hi	Maryland II. S. A. WIDOWED DIVORCED Washington Md  10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital II. 20 USUA, OCCUPATION (Kind of work done I2h Kind of RUSINESS OR
within 24 tely filled rban pape	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address)  12 USUAL OCCUPATION (Kind of work done during most of work done libb Kind of Business or during most of work done libb Kind of work done libb Kind of work done during most of work done libb Kind of work done libb Kind of work done during most of work done during most of work done libb Kind of work done libb Kind of work done during most of w
- \$ 6 6 × 1	Haderstown   W.su County Hospital   Ingineer   H. C. Marine
campletely filled in over corban paper, within 72	130 USUAL RESIDENCE (Where deceased lived is distribution residence before \$130, ETY OR TOWN \$130 INSIDE CITY LIM TS? \$13e STREET AND MIJMARR
omi omi	Maryland Washington Hagerstown YES NO Prospect St
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  IRECTOR: After this certificate has been signed by the attending physician and cample a 3 should be detached for use as the burial-transit permit. Then please remove come with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be ar ar	Charles W. Ridenour Mary Kriner
eath certificate b ending physician int Then please ar remaval, and r	
iffice and a second sec	166 WAS DECEASED EVER IN US ARMED FORCES? Yes, no, or unknown) (1918 grys award or days of heavier) Yes, no, or unknown) (1918 grys award or days of heavier) Yes No. Ridenour 652 No Prospect Yes No. Ridenour 652 No Prospect
cert g pl	Hauerstown Md . APPROXIMATE INTERVAL
te death cer attending p permit The	PART I DEATH WAS CAUSED BY
he deatl attend permit ian, ar r	The first true (t)
he at pe	Cond thons, if any, which gove)  DUE TO, OR AS A. CONSEQUENCE OF Cond thons, if any, which gove)
at the	rise to Immediate couse (a).
the cre-	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
/sici	lost (c)
may be retained by the haspital ar attending physician.  RAL DIRECTOR: After this certificate has been signed by the atter, page 3 should be detached for use as the burial-transit perrief with the State Dept. af Health priar ta burial, crematian,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PRECONDITION GIVEN IN PART 1(0)
ng en he tal	= (Eleripelens) several
low be s th	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The law natending has been se as the th prior ta	
F B B S T	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter not are of injury in Port 1 or Port 2 Item 18.)
A to See E	G OR CONTRIBUTING CAUSE OF DEATH HOUR A M Month Doy Year
SSPi SSPi SPi SPi SPi SPi SPi SPi SPi SP	Growtenbushing Cause of Death HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. (If you I Dayn County State
ibling PHYSICIAM: 1  by the haspital ar  After this certificate i be detached for us  State Dept. af Healt	While Not while
2 = ± 8 2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3	
by by Sto	220 I certify that (I) (this haspital) ottended the deceased from 1964, 1965, to 3/10, 1965, that (I) (we) lost saw the deceased alive an 1964, and that in (my) (our) opinion death occurred on the dote and haur and from the
FINE THE	causes stated abave, (I) (we) (did) (did, nat) view the bady after death.
TA Tage of the	22b SIGNATURE 22c DATE SIGNED
RE G	ATTENDING OF MED STAFF
	22d PHYS CIANS 220 ADDRESS 220 ADDRESS
RAI Po	NAME (Type) HAP TITLE A KIE Car) 119 & Charles
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-transhould be fife!! with the State Dept. af Health prior to burial, creating the state Dept. as the burnal of the should be stated.	The second to th
F. See	230 B_RIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMAYAL (Spenfy) 1 3/12/69 Long Meadows Cemetery H agerstown Wash Co Md.
VR A15 (1)	Andrew K. Coffman Funeral Home Inc
45M - 1,159	Andrew K. Coffman Funeral Home Inc DATMAR 13 1969

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- 1	MARTLAND STATE DEPARTMENT OF HEALTH	0.00
L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	04603
H	DECEASED NAME First Middle Lost 20, DATE OF DEATH	2b HOUR
	(Type or print) Month Day	Yeoi
3		69 2 A. N
	lost buthdry) Mo	NTHS DAYS HOURS MIN.
70	Female White Sept. 20 1893 75 YRS O BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARPHED TO ARVER MARPHED TO AR	
EI	country)	
10	C CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baseived 120 USULAL OCCUPATION (Kind of wary done 1	Md. 12b KIND OF BUSINESS OR
	give street address) during mast af warking life, even fretired)	INDUSTRY
13	H agerstown Wash County Hospital H ousework  3a. USUAL RESIDENCE (Where deceased lived, f institution Residence before   13c CITY OR TOWN   3d INSIGE CITY . IM/157   13e STREET AND NUMBER	Own Home
00	dmisson) STATE  13b COUNTY  Maryland Washington Hagerstown YES NO 51 West Fran	klin c+
14	4 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
ı	Max Ruben Lena S iman	
14	A. MAC DECEASED EVER IN U.S. ARASED FORCEST 14. COCIAL SECURITY NO. 113 INCOMMANY	
	Yes, no, or unknown) (III yes give wor or dates of service) 216-46-7813 Mrs Maxwell Greenwald 922 The	Terrace
	18 CAUSE OF DEATH (Enter only one couse per use for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) METASTATIC ADELICENCE MOUNT OF SIGNED COLOR	2+ 4ns.
ı	155 Due to, or as a consponence of	
	Canditions, if any, which gave (b) (b)	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
2	ARTHO SCISION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206 IF YES, WERE FINDINGS CONSI	.4 .
ELCAT	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
CEDI	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b IF YES, WERE FINDINGS CONSI YES NO CAUSES OF DEATH?  21d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item	10.1
		10. j
MEN	TOR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner)  2 d. INJURY OCCURRED While Not white Not will be suited by the control of th	ounty State
	While Not while at wark of war	20117 31016
	22a, I certify that (1) (this haspital) attended the deceased from 18 Jine. 1967, ta23 Manager 196	that (1) (we) last
	saw the deceased alive on 22 March 1964, and that in (my) (our) opinion death occurred on the date of	and haur ond from the
	causes stated above, (1) (we) (did) (did not) view the body after death	
	226_SIGNATURE  226_DEGREE PHYS  MED STAFF 226 DATE  24 M	·
	22d. PHYSICIAN'S 22e. ADDRESS	may 1969
	NAME (Type) WM. FEHDER 218 N. Porome St. Hackstone	, Ws
23	30 BIBLA CREMATION 235 DATE 237 NAME OF CEMETERY OF CREMATORY 234 LOCAT ON CONTRACT	County) (State)
ľ		
24	44. FUNERAL DIRECTOR 1256 TEGISTRAR SIGN	NATURE
	Andrew K. Coffman Funeral Home Inc. MAR 2 6 1968 /Clare	a Contain.



( . 1. . •

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY WASHINGTON MARYLAND WASHING FOW

CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give necrest town PURAL YEARS RURAL MAUGANSVIALE

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) MAUGANSVILLE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HAGERS YES NO P 3. NAME OF DECEASED 1969 DEATH (Type or print) TINDLE IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR ] .7. MARRIED NEVER MARRIED last birthday) event, WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) FACTORY AIRCRAFT CORT MASON - DIXON WORKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. (Yes, no. or unkown) ! (If yes give war or dates of service) mas ( 18. CAUSE OF DEATH lenter only one cause per line for (e). INTERVAL BETWEEN **ONSET AND DEATH** PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immadiata cause DUE TO (e), stelling the underlying couse lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Part 1 of Item 18 ) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stelle) 20c. TIME OF INJURY 20d. INJURY OCCURRED: 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) Month, Day, Year lectory, street, office bldg., etc.) Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from Jan. 1965, to Man. 3 ..., 1968, that (I) (we) last .....19.6 %, and that death occurred at la b. M, from the causes and on the date stated above. saw the deceased alive on... & & 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS DIRECTOR eth. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DWARD W. BITTO, 111, M.D. 217W. WASHINGTON STREET . HAGERSTOWN MD. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Stelei O 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)



della 1	Items 1×8 5-29-69 a	a Pilm ms division (			EPARIMENT OF TON STREET, BALTI		LAND 21201		
FOIL STATE	0461	3		•	CERTIFICATE				04606
HEALTH DEPT.	DECEASED-NAME     (Type or Print)	Alber	tus	Middle I saiah	Shiple:	у		VN Month Do	
y delay is and 3 to PM3. Page of friment of	3 SEX Male	4 RACE White	S DATE OF BIRTH	1916 6 AGE (In ) ost birthd	rigis IF UNDER 1 YEAR  DAYS  YRS	F JNDER 24 HRS HOURS MIN	2c DATE PRONC	UNCED DEAD	Yeor 1969 945 M
THE STATE OF	70. BIRTHPLACE (Stot country) Wash.		GT-ZEN OF WHAT CO	OUNTRY? 8.	MARRIED MEVER MAR		UNTY OF DEATH		Md
with the State	10. CITY OR TOWN O William			of Hospital or Institu	oague St.	120 USUAL O	CCUPATION (Kind	of work done 12 ven if retired	b KIND OF BUSINESS OR DISTRY Plating C
ale of will be a second	13o USUAL RESIDEN odmission) STATI	Œ (Where deceased	lived, if institution 136 COUNTY Wa	Residence before 13c. shington W	illiamsport	YES X NO	13e. STREET AND		neague St.
Herm Office after	14. FATHER'S NAME	John	Middle W.	Shipley	15 MOTHER 5 MAJO	DEN NAME First Edr		M dale	lost She we
hin nati	160 WAS DECEASED EV			SOCIAL SECURITY NO 20-05-6384	17 INFORMANT Mrs. Dol	ores Shi	153/ ipley Wil	lliamspor	cocheague St.
executed with the standing in permit would be sure to be sure the sure that the sure t	1B. CAUSE OF PART I.	DEATH (Enter only of DEATH WAS CAUSED B IMMEDIATE		(o), (b), ond (c).) iration /	PALISISI	of vo	mitus		approximate interval Between onset and Death I min e d .
hauld be ward "pe the Chief rrial-transii	r se to immed	ony, which gove one couse (o), derlying couse	DUE TO, OR AS A	CONSEQUENCE OF alcoholi	c intoxica	tion			
certificate shauld , writing the ward forwarded ta the C used as a bural-tr smaval, and in any		SIGNIFICANT CONDATIO	ONS CONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE TERMINAL DI	SEASE OR CONDITI	ON GIVEN IN PART	1(0)	
0 = ~ =	190. DATE OF (	PERATION	196	CONDITION FOR WHICE WAS PERFORMED?	I OPERATION				20. AUTOPSY?  YES  NO
	FR MARY O	R CONTRIBUTING	215. TIME OF NJUR HOUR A.M. P.M.	LY Month, Doy Yeor	21c. HOW INJURY OC	CURRED (Enter not	ure of injury in Po	ert 1 or Port 2, Ifem	IB.)
EXAMINER: cute the certing age 4 shauld ryour files. Page 3 shauld.; crematian, I, crematian,	21d INJURY OC	- Incha	CE OF INJURY (At hory, office building, etc	me, form, street, )	21f LOCAT ON Street o	or R F D No	City or Tov	vn	County State
please execution of the property of the proper			k charge of the re Natura: causes			psy In Homicide  F MEDICAL EXAMIN STANT MEDICAL EX	Undetermi	Inquiry, ined monner	-
necessary, please the funeral direct S may be retained FUNERAL DIRECT Health pring to	EXAMINER'S NAME (Type)		·	ro, III, M	.D. ADD	UTY MEDICAL EXAM		217 W. WA	SHINGTON ST.
o o e e ~ o m	230 BURIAL, CREMA BUREMOVAL (Spec	fy) Apr	11 1-69	Cedar Lav	tery or crematory m Memorial	Park	LOCATION (City Hagersto	Wa:	sh. I.d.
VR A15ME (5, 10M REV 1/68	24 FUNERAL DIRECT		lliamspor	t Mid.		DAAPR	3 1969 2	Sb REGISTRAR'S SIG	



	E .				D STATE DEPARTIE			
	1	04614	IVISION OF V				RE, MARYLAND 21201	07.000
1		03073			ERTIFICATE OF	DEATH		04607
4 24		CEASED-NAME // First		Middle	Clost -	1 20	DATE OF DEATH	2b. HOUR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forest e. 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 ed with the State Dept. of Health priar to burial, are mation, ar removal, and in any event, within 72 hap resulted death.	1	ype or pnnt) Hazer	tr	ances	Jm 1/1	4 /	Nar Month 9 Do	1989 4;05AM
a 2 - 3	3. SI	X	4 RACE	//	S. DATE OF B	IRTH	6. AGE (In years	F UNDER 1 YEAR   1F JNOER 24 HRS.
5 (2) E		F		Vh .	May	31, 1907	lost birthdoy) 61 YRS.	MONTHS CAYS HOURS MIN,
Sin Ada	7a		b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED (X) NEVER MAI		UNTY OF DEATH	<u> </u>
4 ng sers	cau	levelandville.	Md. U.	S. A.		RCED W	IASHINGTON	Md
filled pape thin 7.	16. (	ITY OR TOWN OF DEATH IAGERSTOWN	II NA!	ME OF HOSPITAL OR INS	TITUTION (If not in hospital	12a. USUAL OC	CUPATION (Kind of work done	126 KIND OF BUSINESS OR
	i l	IAGERSTOWN	WES'	ERN MD. S	TATE HOSPITA	during most of	UPATION (Kind of work done working life, even if retired.)	Own Home
completely love carban y event, wi		JSUAL RESIDENCE (Where deceased		n Residence before	13c. CITY OR TOWN	13d. BUSIDE CITY LIM TS?	13e STREET AND NUMBER	
e ve	adm	ssign) STATE	Machin	gton	Boonsboro	YES NO	Rfd. 2	
) i	14.	ATHER S NAME First	Middle	Last		A DEN NAME First	Middle	Lost
and in		J.	Ezra	Mos	er	Carr	ie	House
and	16a	WAS DECEASED EVER IN U.S. ARMET	FORCES?	16b. SOCIAL SECURITY N			Address	
ō	N	es, no, or unknown) (If yes give wor	OF CHINES OF SOFVICE)	None	Mr. Har	rv E. Smi	th. Rfd. 2. Bo	oonsboro, Md.
nen please moval, and i		18 CAUSE OF DEATH (Enter only	ane cause per line			1 1.1	/ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. e		PART I. DEATH WAS CAUSED !	CALISE (a)	(	ontlugu	A 100	ular hneum	ohld 50
permit. The	П	10000		A CONSEQUENCE OF	1	7	1/1	
sit p natio		Conditions, if any, which gave	(b)		RICCIA	Q & L	Mometru	m
ons rem		nse to immediate cause (a),{ stoting the underlying couse(		A CONSEQUENCE OF	-/	10 10	uterus	1
burial, cremat		lost.	(c)		with m	stasti	rees	12
D.		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE OR CONDI	ION GIVEN IN PART 1(0)	,
0	2	nephroseler	osis,	metral	stenous?	recent	enllerartu	tis
₫ .	CERTIFICATION	190. DATE OF OPERATION 19b. CO	NDITION FOR WHI	TH OPERATION WAS PE			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
₹ /	I E				YES 🚺	NO 🗆	CAUSES OF DEATH!	62
lea '		276. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH	215 TIME OF HOUR A.M.	INJURY Month Day Year	21c. HOW INJURY OC	CURRED (Enter natu	re of injury in Part 1 or Part <sup>*</sup> 2,	Item 18)
5	MEDICAL	(If either, notify medical examine	r) P.M.	19				
5	2	21d, IN. JRY OCCURRED 21e. Pl	ACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Stre	et ar R.F.D. Na.	City ar Tawn	County State
	L	While Nat while at wark				= 10	2 0	19 . (1)
5	П	22a. I certify that (1) (this saw the deceased alicauses stated above.	<u>haspital</u> ) atte	nded the decease	d from	2, 1967	, to, 19	, that ((I)) (we) last
<u> </u>		saw the deceased alu causes stated abay	(we)(did) (	did nat) view the	oady after death.	(aur) apiniali	aeam accurred an me a	are una naor and from me
	П	22b. SIGNATURE			. 1		220	DATE SIGNED
<u>}</u>		( dum	. 6) /1	len Y	DEGREE PHYS	NG MED.  DIRECT	OR D STAFF D	3-9-67
, E		22d PHYSICIAN'S Fdw LV		71.1	22e. AD	DRESS	1/ /	M-1
d be		NAME (Type) Idwir	1 5	Kney	150	so renn	c, Hagersio	un, re
ant	<b>2</b> 3a	BURIAL, CREMATION, 236 DA	TE	23c NAME OF	CEMETERY OR CREMATORY	236	L LOCATION (City or Town)	(County) (State)
등		BUTIAL 3-	12- 69		oro Cemetery	E	consboro, Wash	. Co. Md.
Ast V		FUNERAL DIRECTOR		ADDRESS		250 RECID BY REC	SISTRAR 2Sb. REGISTRAR	S SIGNATURE
(A)	ho	hn H. Bast, Jr.	112 N.	Main St.	Boonsboro, M	ALDATE MAR	11 1969 90	leavely Judge
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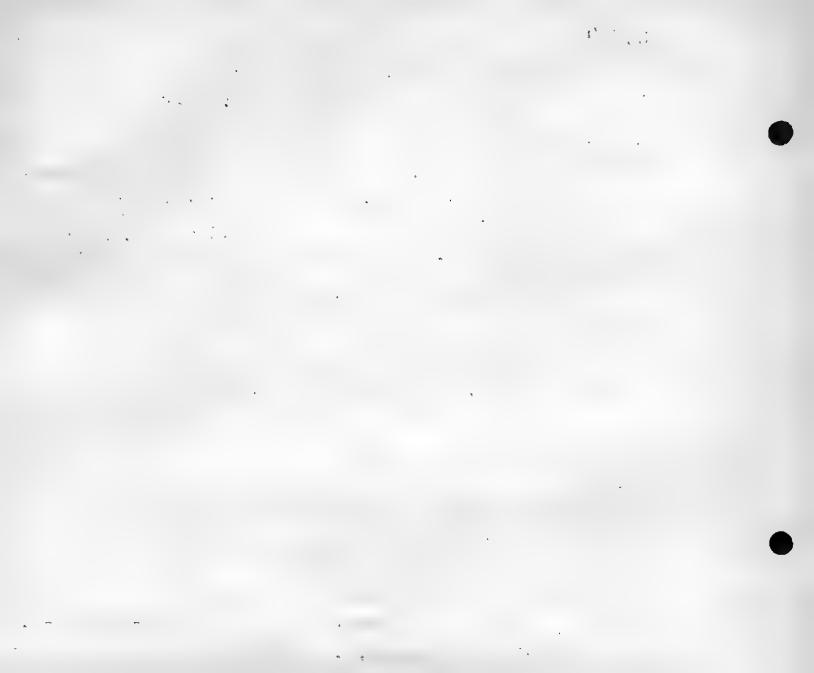




				ID STATE DEPARTMEN				
9		04617	*	CERTIFICATE OF DE	t, baltimore, maryland 21201 EATH	04610		
# -2#		CEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR		
's after death.  the fumeral ages 1 and 2 is after death	(1	ype or phnl) JOSEP	H CHRISTIAN	SNYDER	MARCH Month 2 Da	y 69 Year 5:30p M		
full full fer	3 SE	X	4 RACE	S. DATE OF BIRTH		IF JNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
the the		MATE	WHITE	JANUA (Y	19, 1886 (ast birthday) YRS.	WOULDS DATS HOOKS WIN		
The Haur	7a 1	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9 COUNTY OF DEATH			
d in dir	toui	MA YLAND	U.S.A.	WIDOWED X DIVORCED	THE THE PARTY OF THE	Md		
executed within 24 haurs after death a completely filled in by the funeral emove carban papers. Pages 1 and anywevent, within/72 feets offer death	10 (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	120 USUAL OCCUPATION (Kind of work done	125. KIND OF BUSINESS OR INDUSTRY CALLED		
#		HA ERSTOWN	give street address) 5-5 N LOCUS		during most of working life, even if retired.)	SALES		
blet car	13a adm	and and a state of the state of	ed lived, if institution: Residence before	L vie	UNSIDE CITY EIM. TS? 136 STREET AND NUMBER			
Se		MARILAND	13b. COUNTY WASHIL JON	THREEVOTOWN	S → NO	ST STREET		
a ge a	14. 1	ATHER'S NAME FIRST	Middle Last	15. MOTHER'S MAIDE		Lost		
		JOHN	SI-YDE?		MA .THA	JMA. ES		
physicial and completely fi en please remove carban aval, and in anywevent, with		WAS DECEASED EVER IN L.S. ARA es, no. oc unknown)   (if yes give w	unt as datas at sanusa)		Address CANADA CARANA	ACAT MET ASTES		
phy en ava		NU	219-30-95		SNYDER, CLEAR SPRING	MA LY LAND		
he death ce attending i permit. The		18 CAUSE OF DEATH (Enter on PART ), DEATH WAS CAUSE!	ly ane cause per line for (a), (b), and (c)	. 0 / / 0	. /	BETWEEN ONSET AND DEATH		
deat mit. ar		1MMED IA	ATE CALSE (0)	uch & ranke	& remoneca.	7a un		
he at the light		Conditions, if any, which gave )	DUE TO, OR AS A CONSEQUENCE OF	0 40	0			
at the the nate		nse to immediate couse (a),	(b) Colored	& Miran	aper.	1-27		
aquires that the physician. signed by the burial-tensit burial, cremati		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  (c) Agrance & Gen' as teris 3 clubs in 25						
phy phy sign buri	N.	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART I(0)	0		
nding heen been s the iar ta		1seni1	u Prastote 6	yperties les				
s be as the as t	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		CAUSES OF DEATHS	CONSIDERED IN CERTIFYING		
The I after a ster a st	E			YES 🗀	NO [			
VSICIAN: aspital ar certificate hed far ur af Healtant.		21 G. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			RED. (Enter nature of injury in Part 1 or Part 2,	1tem 18.)		
SICI Split ertiff ed ted of	MEDICAL	(If either, notify medical examin	ner) P.M. 1	9				
Page 4 may be retained by the haspital ar attending physician.  • Funexal DIRECTOR: After this certificate has been signed by the attending physicial and completely filler director, page 3 should be detached for use as the burial-temsit permit. Then please remove carban payshauld be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, withing	_	at work at work	PLACE OF INJURY (AT HOME, FARM STREET, FA		· ·	County State		
by 1 fter fter be (		22a. I certify that (i) (th	(s.Xhospital) attended the deceas	ed from 1700 CO	, 19.6.7, ta, 19 (our) opinion death occurred on the d	68, that (1) (vie) last		
ATTEND ATTEND etained CTOR: A should vith the		saw the deceased a	e, (I) (We) (did) (did-net) view the	(Y <u>&amp; Y_,</u> and that in (my) (	(OM) abinion death occurred on the d	ate and haur and from the		
ATT estain Shore		22b. SIGNATURE	s, (i) (we) (clu) (dw noi) view me	body ener deem.	224	DATE SIGNED		
d w SEC		Same	ar DALATA	DEGREE PHYS	MED. STAFF DIRECTOR PHYS. D	1/3/69		
AL AL O		22d. PHYSICIAN 5		22e. ADDRESS	5			
PIT. F		NAME (Type) E. W.	DITTO, III, M.D.	215 W	WASHINGTON ST., HA .ER	STOWN, MD.		
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE alrector, page 3 shauld be filed w	23a.	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)		
5 5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				UL'S CEMETERY	T#2.HA ERSTON			
VR A15 [4]	24.	FUNERAL DIRECTOR	ADDRESS		REC'D BY REGISTRAR 256 REGISTRAR	SIGNATURE		
30M REV. 1/68	C	m Kouzer	HAZERSTOWN	, MARYLAND D	MAR 10 1969 follow	7		

THEODORE R SNYDER, CLEAR SPRING, MARYLAND





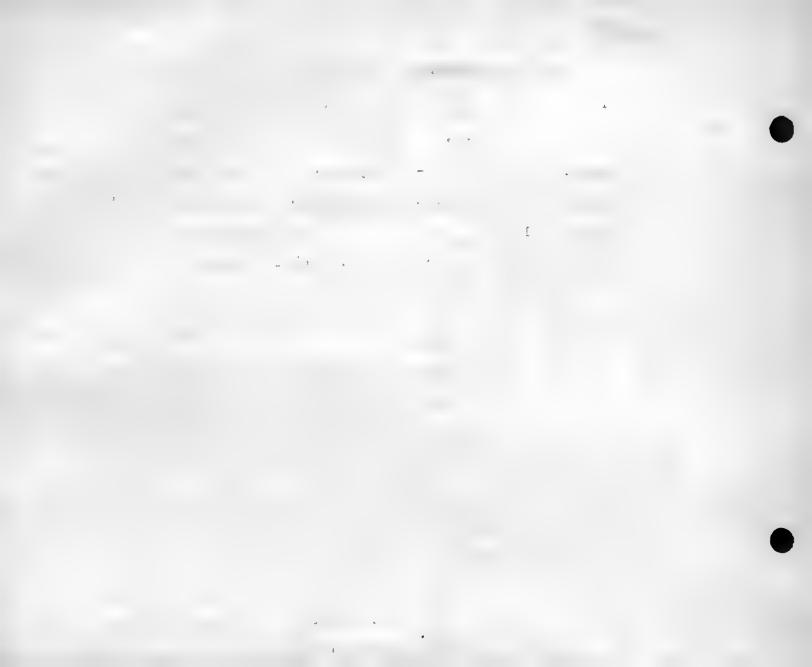
> Floorings		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		04620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4613
HEALTH DEPT.	1 D	DECEASED NAME First Middle Last 2a DATE KNOWN X Manth Day	17 69 2: 15
any delay is 1, 2, and 3 to m PM3. Page	3 5	SEX 4 RACE S DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR H UNDER 24 HBS 2c DATE PRONOUNCED DEAD	reor 1969 2 12 M
orm P	cour	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH WASHINGTON	Md.
offer death  8. Give Pages 1, olong with form with the State De		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (f not in hosp toll  12a. USJAL OCCUPATION (Kind of work done)  12b to the second of	KIND OF BUSINESS OR
s ofter 18. Giv t olong with t death		1. USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS?  WASHINGTON HAGERSTOWN YES NO 13 N. LOCUST	ST.
4 hours office soffice office office	14 6	FATHER'S NAME FIRST MIDDLE LOST IS MOTHER'S MAIDEN NAME FIRST MIDDLE REYNOLDS  SAMUEL MELVIN SUMMERS LIDA REYNOLDS	Loss S.
orthin 24 minel in orginer's poges poges 2 hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  (A) OG of Jinknown) (If yes give war or dates of sarvice) NONE IT INFORMANT MRS. MILDRED HOUSER MD.	WN
executed wanding! in particul fixed in particul fixed permit. Fixed in the within and within a within and within a will and within a will and within a will and within a will also within a will and within a will also wi		18 CAUSE OF DEATH (Enter only one couse per time for (a), (b) and (c))  PART I, DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
KAMINER: This certificate should be executed within 24 hours ofter death te the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, ge 4 should be farworded to the Chief Medical Exominer's Office olong with form your files.  age 3 should be used as a burial-transit permit. File pages I and 2 with the State Decremotion, or removal, and in any event within (22 hours after death		Canditions, if any, which gave nse to mined at a cause (a) stoling the underlying couse (b) Savera Cranta Cesedical Fractional DUE TO, OR AS A CONSEQUENCE OF (c)	18th daya
ficate ting th rded to os a t	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te, wri farwo e used remove	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 ALTOPSY? YES NO
INER: This certificate, writ should be farword files. 3 should be used notion, or removo	MEDICAL CER	210 EXTERNAL CAUSE WAS PR MARY TOR CONTRIBUTING TO SHOULD A THE DEPTH 2 - 221969  STUCK BY MARY TOR CONTRIBUTING TO THE DEPTH 2 - 221969  STUCK BY MARY TOR CONTRIBUTING TO THE DEPTH 2 - 221969  STUCK BY MARY TORSON THE DEPTH 2 - 221969  STUCK BY MARY THE DEPTH 2 - 221969  STUCK BY	Street
se execute the cert stor. Page 4 should ned for your files. IECTOR: Page 3 shou o burial, cremotion,	ME	21d. NJURY OCCURRED  21e PLACE OF IN, LRY (At home, farm, street,  WHILE AT WORK AT WO	unty State Wash Hd
Xecu. Pog. Pog. for for for			and in my apinian
pleo I dire		ACTUAL SIGNATURE CLUS ALL WAS ASSISTANT MEDICAL EXAMINER 226 DATE SIGNE	ED .
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to butial, cremental prior of the prior of butial, cremental prior of butial prior of		EXAMINER'S NAME (Type) EDWARD W. DITTO, III, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) HAGERSTOWN.	MARYLAND
TO Share	230	BUR AL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Color BUR LAL 3/20/69 ROSE HILL CEM. HACERSTOWN WASH	ity) (State)
VR A15ME (5) 10M REV. 1768	24	EUNERAL DIRECTOR W. J. Norment Hagestown Ind. DAMAR 2 4 1969 gu antog	TURE
A.			



1	04621 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
after death.	1 DECEASED NAME (Type or print) MARGARET IRENE ALICE TAYLOR MARCH Month 5 Doy 1969, 6 2 1 10 M
hours after to by the fur hours after	3. SEX FEMALE  4. RACE WHITE  5. DATE OF BIRTH  9/13/1912  6. ACE In years if under 24 HRS MIN WHITE  4. RACE WHITE  9/13/1912
in 24-hour	70 BIRTHPLACE (State or face gn country MARYLAND 76 CUZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 99. COUNTY OF PEATING TON WASHING TON
within 2 bely filled bon pop with n	10. CTY OR TOWN OF DEATH HAGERS TOWN  11 NAME OF HOSPITAL OR INSTITUTION (II and impressible of Bo USUAL OCCUPATION (Kind of work done INDUSTRY)  125 KIND OF BUSINESS OR INDUSTRY
e executed within 24 ond completely fulled, remove carbon pope n any event, with n 77	HOUSEWIFE HOME  130 USUAL RESIDENCE (Where deceosed fived, if institution Residence before demisMARSMEAND 136 COUMASHINGTON HAGERSTOWN VES X NO TOWN OF THE POTOMAC ST.
ark be exection on a celebra removed on any	14. FATHER'S NAME EDGAR G. MIDDISERS 15. MOTHER'S MAIDEN NAME TO HEWE'TT LOST
ertificate: be physician of nen pleose noval, ond in	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, NOunknown) (1 yes give wor or dates of service) NONE NONE NOWARD R. TAYLOR MD.
PHYSICIAN: The law requires that the death certificate be executed within 24-hours be haspital or attending physician.  It is certificate has been signed by the attending physician and completely filled, in by the standard for use as the buriol-transit permit. Then please remove carbon papers:—Pag Dept of Hearth prior to burial, are mation, or removal, and in any event, with in 72 hours.	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))  PART DEATH WAS CAUSE BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Cond trans, if only, which gove inse to immediate couse (o), storing the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  **APPROXIMATE AVERAGE STRIPLE AND CRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  **APPROXIMATE AVERAGE STRIPLE AND CRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
: The law re in ottending e has been use as the	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO CAUSES OF DEATH?  YES CAUSES OF DEATH?
SICIAN: The spitol or of the spitol or of the spitol or of the spitol or of Health i	GROWING CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  [If either, notify medical examiner] P.M. Month Doy Year
G PHYSIC the haspit this certii detoched te Dept of	21d INJURY OCCURRED While Not while of twork of work o
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the haspitol or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the Stote Dept of Hearth prior to	22a I certify that (I) (this haspital) attended the deceased fram
be reft DIRECT DIRECT Jed with	22b SIGNATURE  M. DEGREE ATTENDING MED. STAFF   22c. DATE SIGNED   3-7-69
O HOSPITAL OR Poge 4 may be 1 O FUNERAL DIRI director, page 3 should be filed v	22d Phys cians Chaptes C. Spencer, iff. D. 22e ADDRESS 145 S. Prospect St Hagerstown, Mo.
TO HC Poge TO FUI direc	230 B_RIAL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY HAGERS TOWN WASH. MD.
VR A13 13 45M	24 FUNERA. DIRECTOR 250. REC'D BY REGISTRAR 256 REG STRARS SIGNATURE 250. TROTOS JULIAN JULIAN JULIAN SIGNATURE JULIAN SIGNATURE



1 1			301 W. PRESTON STREET.	BALTIMORE, MARYLAND 21201	
	04622		CERTIFICATE OF DEA		04615
1 DEC (Ty	CEASED-NAME First pe or print) MARY	M ddle .	THOMAS	20. DATE OF DEATH Month March 6 1	Yeor Zb HOUR
1 DEC (Ty		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
L.	Female	White	October	: 10 1872 ost birthday) yrs.	MONTHS DAYS HOURS MIN.
7o. Bl	RTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR ED	9. COUNTY OF DEATH	
10.50	Maryland TY OR TOWN OF DEATH	U.S.A.	WIDOWED X DIVORCED	- HWONITHOCOM	Md
	Boonsboro	11. NAME OF HOSPITAL OR INS give street oddress) Fahrney - K	eedy Home	o USUAL OCCUPATION (Kind of work done ring most of working life, even if retired) Housewife	12b KIND OF BUSINESS OR INDUSTRY Own Home
130 L odmis	JSUAL RESIDENCE (Where deceose sion) STATE Maryland	d lived, if institution. Residence before 13b. COUNTY Washington	Hagerstown 138 INST	DE CTY LIMITS? 13e STREET AND NUMBER	ntietam St
	THER S NAME First	Middle Lost	15 MOTHER S MA DEN N		Lost
	Thomas H e	aley	Kat	therine Reichard	
16o V	WAS DECEASED EVER IN U.S. ARMI		o. 17 INFORMANT  J. Richar	Address d Thomas	
	Conditions, if any, which gove prise to immediate cause (a), storing the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  OTHORS CONTRIBUTING TO DEATH BUT NO	of related to the terminal disea	engensalion  SE OR CONDITION GIVEN IN PART 1(0)	1/2 hon
CERTIFICAT (	90. DATE OF OPERATION 196 (	ONDITION FOR WHICH OPERATION WAS PEI		NO CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
¥	To ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH If either, notify medical examine	HOUR A.M. Month Doy Year		(Enter nature of injury in Port 1 or Port 2,	Item 18.)
		PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R f	FD. No City or Town	County State
	220. I certify that (I) (this saw the deceased all causes stated above,	s haspital), attended the decease ve an Malant (I) (we) (did) (did pat) view the l	ed from 100 /0 9 6 7, and that in (my) (ou body ofter death.	19 Los, ta Mayh (6, 19) opinian deoth occurred on the d	
	22b. SIGNATURE	Villan	M. AGREE PHYS	DIRECTOR D STAFF DIRECTOR	Parch 7,1969
	22d. PHYSICIAN'S NAME (Type)	Vihelan,	M. B 22e ADDRESS	Boonsboro,	Ind.
230	BLRIAL, CREMATION, 23b D. REMOVAL POST 3	/8/69 Rose H	CEMETERY OR CREMATORY  CILL Cemetery	23d LOCATION (Cny or Town) Hagerstown Wa	((ounty) (State)
24 F	UNERAL DIRECTOR H Andrew K. Co	agerstown Molopress offman Funeral	Home Inc DATE	REGISTRAR 25b REGISTRAR	SIGNATURE



1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
COD CTATE		04623 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04616
FOR STATE	1 5		
HEALTH DEPT.		ECEASED-NAME First Model Lost 20 DATE KNOWN Month (ype or Print)	Doy 1969 25 165 8
ay s 3 to Page ent af		ROBERT JEREMIAH WAY DEATH MATED Mar	27 19 7 A N
elay d 3 . Po	3 5	last birthday) MONTHS DAYS HOURS Min Months Days	Yeor 25 10
Iny delay 2, and 3 PM3. Po partment		Male White July 5 1905 63 YRS 3/ 27/	19 69 A M
	70	AIDTHDIACE (State or foreign 17h CIETZEN OF WHAT COLINITARY) A MARPIED OF MEYER MARPIED TO GOLINTY OF DEATH	
orm of	coun	Try Penna U S.A. W DOWED DIVORCED Washington  ITY OF TOWN OF DEATH  ITY OF TOWN OF DEATH  ITY OF TOWN OF DEATH	M
	10 (	III ON TOTAL OF BEATLY OF BEATLY OF SECTION OF A MAN OF WHICH AND A COLOR WHICH AND	126 KIND OF BUSINESS OR
a de		H agerstown   during most of working life, even if retired.)  42 East Irvin Ave   during most of working life, even if retired.)	Retired
ofter death S Sive Pog abngwith with Th Sig	130	USUAL RESIDENCE (Where deceosed lived, I institution Residence before 13c. CITY OR TOWN 3d IMSIDE CITY LIMITS? 13e STREET AND NUMBER	
	0	marvland   13b (COUNTY   Marvland   13b (COUNTY   Washington Hagerstown   YES   NO   42 East Irvi	n Ave
haurs of them 18 Office of 1 and 2 w offer de	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		A lvin J. Way Core Eves	
word be executed within 24 word "pending in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Irvin Ave
be executed within "pending in pencil iief Medical Examinei unsit permit. File page event within 72 hau	()	es, no, or unknown) (tilyes give wor or dot les of service) Mrs Anormallee M. Way	TT A TH WAG
d with per Exam File n 72	-	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  Hagerstown Md.	APPROX MATE INTERVAL
executed in Medical I permit. I		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c) Pulmonary edema, sudden	sev. hrs.
be execut "pending ief Medic insit perm		113 111	0077 11101
e ey			years
d the Chie		rise to immediate couse (o). (b) AT CONTOURNE OF	JULIO
shauld be executed in ward "pending in a the Chief Medical Eburial-transit permit. Fillin any event within		stoting the underlying couse Due 10, or as a consequence of	
sh re to the burt		(c)	
INER: This certificate shauld e certificate, writing the ward should be farwarded to the Citles.  3 should be used as a burial-tr atian, or removal and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF PART I(0)	
iting iting ardec ardec d as	ö	None	20. AUTOPSY?
cer wr mov	CATI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
certificate, writional be farwardes.  es., should be used thought or removation, or removation, or removation, or removation.	CERTIFICATION	AN ENTERPRISE CHARLES CHARLES OF THE CONTROL OF THE	YES NO A
=		216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, PRIMARY OR CONTRIBUTING ) HOUR A.M.	tem 18 )
Cerri coul les., sho, sho, sian	MEDICAL	CAUSE OF DEATH P.M. 19	
	×	2 d. IN. LRY OCCURRED 21e PLACE OF INJURY (At home, form, street, home, form, street, foctory, office building, etc.)	County Stote
EXAMINER: cute the certifoge 4 should ur your files. Expage 3 should it, cremation,		WHILE NOT WHILE TOCKETY, Office building, etc.]	
ICAL EXA e execute for. Page ed for you CTOR: Page burral, cre		22a   certify that I took charge of the remains described above, held an Autopsy , Inspection [7], Inquiry [	, and in my opiniar
se exercitor. Per formed for the for		death resulted from Natural causes 🖈 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner	
please explease explease explease.  I director. retained to DIRECTO or to bur		CHIEF MEDICAL EXAMINER	
y, please ral direct ral birect rations for prior to		SIGNATURE MD ASS STANT MEDICA. EXAMINER 226 DATE	
ony, ony, be be		EXAMINER'S DEPUTY MED CAL EXAMINER 3/	28/69
O DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type) Howard N. Weeks, M. D. ADDRESS(Street, cty, town, or county)	
TO DEPUTY necessary, the funera 5 may be TO FUNERAL Health pr	230	BURIAL CREMATION 236 DATE 23. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) Pe(non)a
		Burialum 3/29/69 Pime Hall Cemetery State College	Center Co
	24	EJNIFRAL DIRECTOR 11 2 GET STOWN Md ADDRESS 250 REC D BY REG STRAR 25b, REGISTRAR S	S GNATURE
VR A15ME (5)		Andrew K. Coffman Funeral Home Inc DATE APR 1 1969	reflect theory



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04624 04617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT. 1. DECEASED-NAME First Middle 20 DATE KNOWN Month Year (Type or Print) OF EST-DEATH MATED 07 196 3 SEX 4 RACE 6 AGE ( s years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 1 ds birthday) Male White 11/18/1949 Month Day Year YRS 70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED F NEVER MARRIED country) Penna. USA WIDOWED DIVORCED [ Washington 1 and 2 with the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR along with Service Dept. Sears Roebuck Co. Hagerstown

Give street oddress) D.O.A. Washington

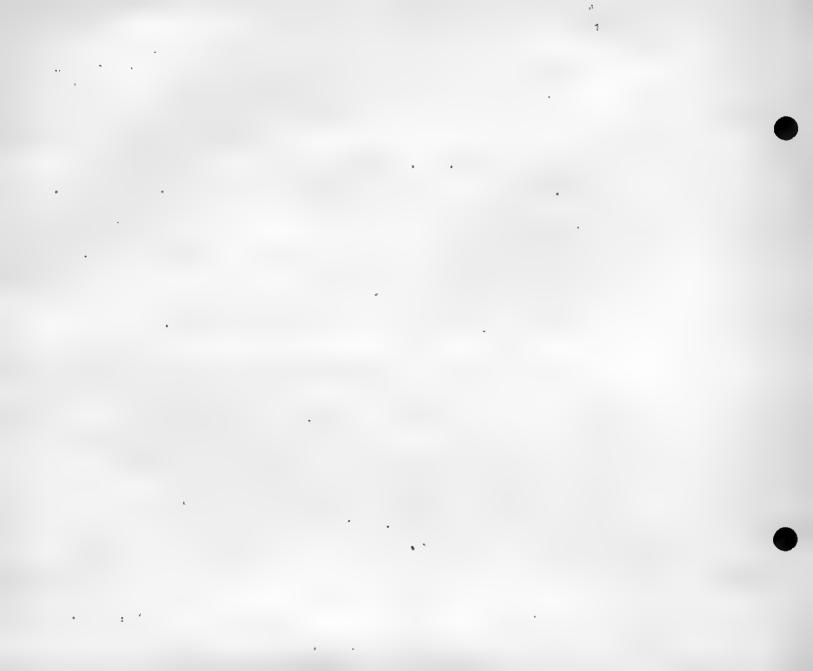
Co.Rospital

130 LSUAL RES DENCE (Where deceosed ) ved, if institut on. Residence before 13c City OR TOWN

13c 13e STREET AND NUMBERR R. #8 deoth 13d INSIDE CITY LIMITS? admission) STATE 1/13P COUNTA Franklin Chambersburg Greene Twp. Franklin Co. Pa. YES NOTE -hours Office Hem offer 14 EATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First First Middle Eliab N. Miriam Wenger Elliott 1 6 6 T C C ecute the certificate, writing the word "pending in pencil in Page 4 should be forwarded to the Chief Medical Examiner's hours pages ADDRESS R.R.#8 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO 17 INFORMANT be executed within (Yes, no, or unknown) .75-40-3416 Chambersburg Mrs. Bradley D. Wenger Pa. 17201 es APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter on young cause per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY. Blood & SHOCK ASPIRATION MINUTES IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave SKULL FIRETURE, BILAT rise to immediate cause (a), This certificate should ony DUE TO OR AS A CONSEQUENCE OF stating the underlying cause Lemor S . ⊆ Fracture D PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 50 removol, CERTIFICATION 1% DATE OF OPERATION 195. COND F ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. NO X YES 📑 pe 21 g. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year ö 23c, HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, MEDICAL CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street 21d INJURY OCCURRED 211, LOCATION Street or R.F.D. No. City of Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK SEOT IMD MASON DEYS DUNG buriol, 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry [ ond in my opinion director. Accident X death resulted framing Natural causes Suicide Homicide Undetermined manner pleose CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** moy ADDRESS(Street, city town or county) HACTSTOWN NAME (Type) 0 23a BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) Burial (Spec fy) 3/25/1969 Norland Cemetery Penna. Chambersburg-Franklin-24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REG STRAR S SIGNATURE Robert G. Sellers VR A15ME (5) Chambersburg Pa. 17201 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



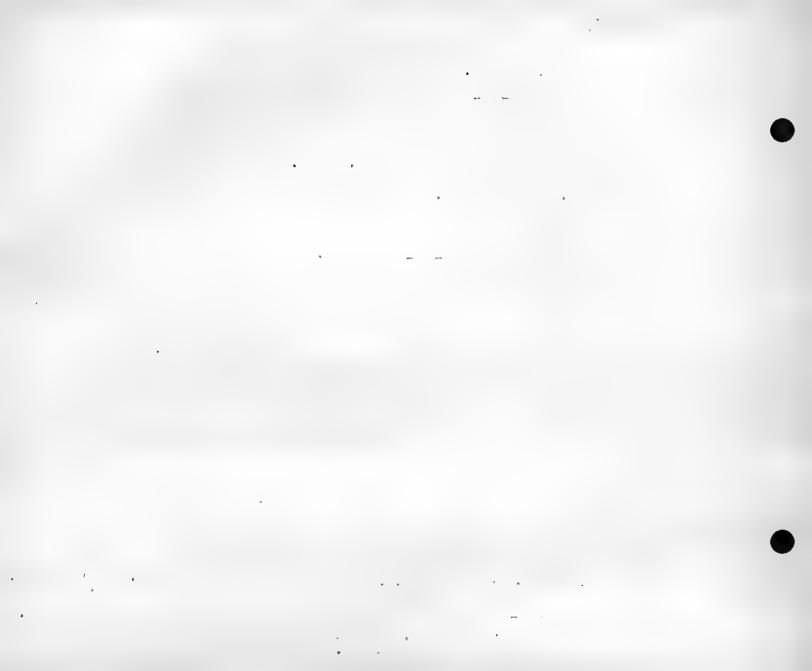


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£ 24	1. D	ECEASED NAME First	Middle		Last	20.	DATE OF DEATH		2b. HOUR a
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5 人	3 SI	EX	4 RACE		S DATE OF BIRTH		6 AGE (In years lost birthday)	(F JNDER 1 YEAR	IF UNDER 24 HRS.
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4 h	COU	MATYLAND	U.S.A.	WIDOWE		_	WASHINGTON		Md.
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ent det	130	USUAL RESIDENCE (Where deceo	sed lived, if institution. Residence before	13c CITY	OR TOWN 13d IN	ISIDE CITY LIMITS?	13e STREET AND NUMBER		
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phy en ava	<u> </u>	.,0			/InJINIA	WILS	HRUBUS TONI		NATE INTERVAL
re Tea		18 CAUSE OF DEATH (Enter or	nly one couse per line far (a), (b), and (c	1.)				BETWEEN OF	ESET AND DEATH
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dw din or the	FICATION		CONDITION FOR WHICH OPERATION WAS P		20a. AUTOPSY?		206 IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director, page 3 should be detached for use as the burial-transit permit. Then please remove tabon pagess. Profest and should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours other death	ZT FICE				YES	NO-E	CAUSES OF DEATH?		
I.R. ar are		21a ACCIDENT WAS UNDERLY!		210	HOW INJURY OCCURRE	D (Enter natur	a of injury in Port 1 or Port 2,	Item 18.)	
Pitch affilia	MEDICAL	(If either, notify medical exami	iner) P.M.	9					
HYS has a ce ache ept.	Σ	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FO	ACTORY.) 21f	LOCATION Street or F	R F.D. No.	City or Town	County	State
te Det te De	L	While Nat while at work of work			Manala	10 60	· Marab E v	60	415 2 45 1
DIN by Vite be be Sta	Н	220. I certify that (1) (th	his haspital) attended the deceo	ed fram_	nd that in (my) (a	_, 19 <u>_09</u> ,	to Plateured on the d	Oy that	(I) (We) lost
med the the		couses stated abov	nis hospitol) attended the deceo- plive on March 3 e, (1) (we) (100) (did not) view the	body afte	r deoth.	zory upitituit i	really occurred oil life a	ore one noor	ond itom me
A Paragraphic Articles of the		22b SIGNATURE	and i o			MED	22c	DATE SIGNED	
OR DIRE		(	1) I mus	DE	GREE PHYS	DIRECTO	R PHYS D	3/6/19	
AL AL Page e fill	П	22d PHYSIC ANS NAME (Type)	7) W 3TOT 53V 3/ 5/		22e. ADDRESS	1110117	TO: CT III	CTC	m
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifica director, page 3 should be detached far shauld be filed with the State Dept. af He	_	-14	F. K EISLEY, M.D.				TCL ST., HA	.,	
HO age FUI	230	BURIAL, CREMATION, 23b. REMOYAL (Specify)			OR CREMATORY		LOCATION (City or Town)	(County)	(Stote)
5- 5- 2	0.4	FUNERAL DIRECTOR	3/7/69 TOS		CHMETERY	REC'D BY REGI	GERSTOWN WAS		MD.
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MAKTLAND STATE DEPARTMENT OF HEALTH

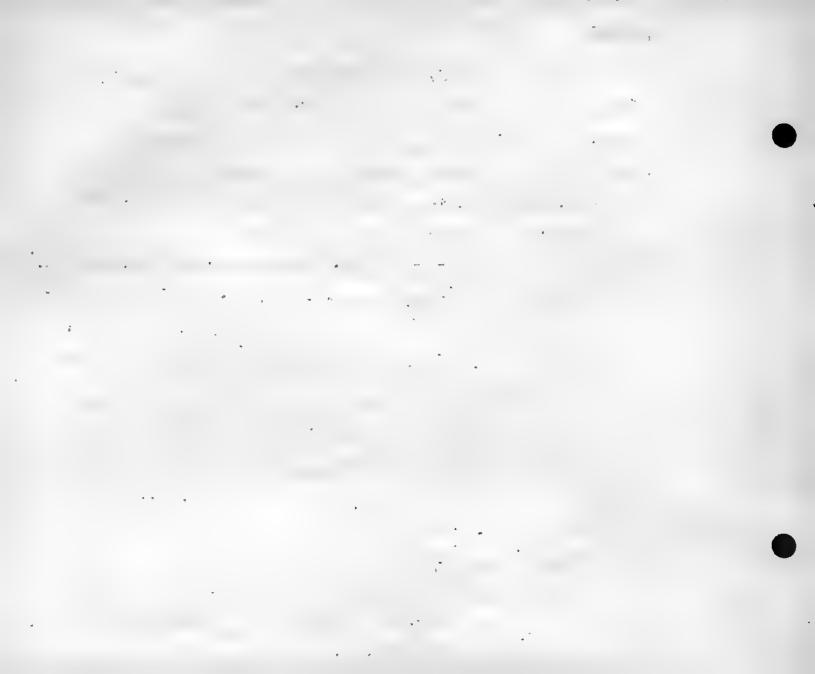


MAKILAND STATE DEPAKTIMENT OF DEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First 20 DATE KNOWN Month 2b HOUR (Type or Print) OF ESTI-Thomas W. Wilson 2d HOUR 4. RACE 6 AGE (so years 3 SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOLINGED DEAD 12-13-22 white ma la 7a, BIRTHPLACE (State or fareign 76 GTIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Carroll Co USA Washing ton WIDOWED [7] DIVORCED [77 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital IC. CITY OR TOWN OF DEATH 12a LSUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Hagerstown give Westington Co. Hosp. deng mount work ng life, even if rebred.) 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c City OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13 COUNTY Fred. Md. Thurmont YES XNO 2 Park Lane 14. FATHER S NAME First IS MOTHER'S MAIDEN NAME FIRST Middle Wilson Edna Wilson Joseph 16a. WAS DECEASED EYER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 211-11-6599 Carrie Wilson 2 Park Lane Thurmont 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). This certificate shauld stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b COND T DN FOR WHICH DPERATION 20. AUTOPSY? WAS PERFORMED? YES PONO 210 EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) PR MARY POR CONTRIBUTING 18-1969 Lown Bosamont CAUSE OF DEATH 21e PLACE OF NURY (At home, form, street, 2 F LOCATION Street or R.F.D. Na County State foctory, office building, etc.) AT WORK AT WORK Trurmen +our 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection I, Inquiry I. and in my apinion death resulted from. Natural causes , Accident 4. Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EDWARD W. DITTO, 111, M.D. ADDRESS(Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION. 23b DATE 23d LOCATION (City or Town) (County) Burial (Specify) Fred. Co. Md. Graceham 3-22-69 Graceham Cemetery 25a REC'D BY REGISTRAR 2Sb REGISTRAR 5 5 GNATURE Raymond B. Creager VR A15ME (5) 1569 Michila Justes Thurmont, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04628 04621 CERTIFICATE OF DEATH Middle 1. DECEASED NAME First Lost 2a. DATE OF DEATH 25. HOUR deoth. executed within 24 hours after death funeral (Type or print) 6 AGE (In years 3. SEX 4. RACE 5 DATE OF BIRTH IF JHOER 1 YEAR IF UNDER 24 HRS last birthday) HOURS Male White Dec. 24, 1912 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) .⊆ Penna. USA WIDOWED DIVORCED [" Washington completely filled ond in ony event, within 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR washington County during most of working life, even if retired) INDUSTRY please Terriove carban Hagerstown Gunsmith 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d UNSIDE CITY LIM TS? 13e STREET AND NUMBER jab. COUNTY Franklin 124 West 2nd Street YES F NO Waynesboro 14. FATHER'S NAME Middle Lost 15. MOTHER S MAIDEN NAME First Middle Stover Wingert Mary Ripple requires that the death certificate, 165 SOCIAL SECURITY NO. 17 INFORMANT 104 West 2nd St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 173-03-1865 Mrs. Elizabeth Wingert Waynesboro, Pa. buriol, cremation, or removal, ottending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (97.76), ond (c).)
PART 1. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) as the prior to t hos been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO [ for use Heolth YES Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Manth Day Year director, page 3 should be detached is should be filed with the State Dept. of (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 5 from 19 from 19 from 19 from the saw the deceased alive on 19 from the causes stated above, (I) (we) (did) (did not) view the body after death 22b SGNATORE 22c DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR 28 Mar. 69 PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Richard T. Binford 1135 Potomac Avenue Hag. Md. 21740 M.D 23d LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Waynesboro, Franklin Green Hill Cemetery Pa. 2So REC'D BY REGISTRAR ADDRESS 25b. REG STRAR S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Waynesboro, Pa. 1969 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1	01000		, 301 W. PRESTON STREET, BAL		
	04629		CERTIFICATE OF DEATH		04622
S. Page 1 and 2 hoers after death.	1. DECEASED-NAME Fire (Type or print) Max		Loss Wolfe	2g DATE OF DEATH Month Dg March	2b. Hour 1969 3.20P M
the fur	3. SEX Gemale	4. RACE White	5. DATE OF BIRTH  9an. 22, 1894	6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN
15 P	70. BIRTHPLACE (State or foreign country) Middlebura	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Washingto	
byrial, cremation, or remayal, and in any event, within /	10. CITY OR TOWN OF DEATH  Hagerstown	11. NAME OF HOSPITAL OR IN give street address) Washington	STITUTION (If not in hospital 120. USL during n	JAL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Own Home
1	13o. USUAL RESIDENCE (Where dece admission) STATE	ased lived, if institution: Residence before 13b. COUNTY, Washington	13c, CITY OR TOWN 13d INSIDE CITY	LIMITS? 13e. STREET AND NUMBER 909 Corbett	
,	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Lost
H	Calvi				Harbaugh
	16a. WAS DECEASED EYER IN U.S. AI Yes, na, or unknown) (If yes give	and the second s	NO: 17. INFORMANT 47B Grank L. Wolfe	909 Corbett St. Ha	rgerstewn, Md.
	18. CAUSE OF DEATH (Enter of	only one couse per line far (a), (b), and (c)	h)		BETWEEN ONSET AND DEATH
	IMMEE	MATE CAUSE (o) Metastasis	to T-11, T-12 and Le	eft 12th Rib	8 months
	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF		0-3	2 2
	rise to immediate cause (a)	(b) Adenocal clin	oma of Hepatic Flex	cure Colon	2 yrs 7 mths
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			certain
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
	TT	Cardiovascular Dis			
		CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS	
	or contributing Cause of or	ATH HOUR A.M. Month Day Yeor niner) P.M.	21c. HOW INJURY OCCURRED (Enter	er nature of injury in Part 1 or Part 2,	Item 18.)
	21d. INJURY OCCURRED 21. While Not while	B. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			County State
1.0	22a. I certify that (I) (t	his hospital) ottended the deceas	ed from Feb 10 190	9 , to Mar 31 , 19	69 , that (1) (we) last
	couses stored above	his hospital) ottended the deceas alive an May 31 ve, (I) (we) (did) (did not) view the	body ofter death.	union death occurred on the do	ote and hour and from the
	22b. SIGNATURE	1			DALL SIGHED
	(///):	1 Joyman		MED. DIRECTOR PHYS.	Apr 1 1969
1	22d. BAYSKIANK MAME (Type) Will	iam T. Layman, M.D	22e. ADDRESS 301 E. Ar	ntietam St. Hager	stown, Md.
0	23a. BURIAL, CREMATION, 23b	. DATE 23c. NAME OF	FEMETERY OF CREMITORY	Table location (Ch T)	(County) (State)
3		1/3/69 Rest	Haven Cemetery 250. REC'D	Hagerstown-Washi	naton-Md.
10	24. FUNERAL DIRECTOR WZ	- CILYON TADDRESS	25o. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATUR
	Rest Haven June	eral Chapel Hager	stown, Md. DATEAPS	7 1969	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04623 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Year (Type or Print) OF ESTI-Page Paul Maxheimer Young. 22 DEATH MATED 4 PACE IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD puo white 8-16-1897 Day 22 Year 69 male 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Penna. USA WIDOWED T DIVORCED [ Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR in pencil in Item 18. Give Pac Exominer's Office olong with INDUSTRY Cleaning during mast of working life, even if retired.) give fireet oddress lewood Rd. Hagerstown 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? poges lond2 with 13e. STREET AND NUMBER 13b. COUNTY Wash. admission) STATE Md. Hagerstown YES A NO Englewood Rd. ofter Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Young Mollie Brant hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, ar unknown) 175-03-3784 Mrs. Betty A, Burger Hagerstown, Md. within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) please execute the certificate, writing the ward "pending" is director. Page 4 should be forworded to the Chief Medical permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occulsion Sudden IMMEDIATE CAUSE (a)\_ event DUE TO. OR AS A CONSEQUENCE OF buriol-tronsit Years Canditions, if any, which gave Arterio-sclerotic heart disease rise to immediate couse (o). This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 05 removol, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO [25] OL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry X and in my apinian Natural causes St. Accident . Suicide . death resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 3/24/69 DEPUTY MEDICAL EXAMINER Howard N. Weeks **EXAMINER'S** 5 moy TO FUNE Health ADDRESS(Street, city, town, or county) Washington Co. NAME (Type) the 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 3-25-69 Rest Haven Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1969 William rein Juniar Minnich Funeral Home Hagerstown, Md. 10M REV, 1/68

The state of the s 06830 darheimer round in in the called a line Value of the second of the sec Careginary IV in leward his country and and annual the properties. If the property deal Juan wills square candi A committee of the comm the business and the state of t The state of the s